

**Labour market integration of adults
with alcohol and substance use problems
in the Nordic countries**



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Foreword

How are adults who have a problematic use of alcohol and/or other substances integrated into the labour market?

This question is the focal point of the Nordic project on integration into the labour market of adults with dependence or abuse. Our report discusses the findings of this project carried out in 2022–2023.

Adults with substance use problems can sometimes be far removed from the labour market. They often need individual support to help them overcome their addiction, strengthen their potential, and find their place in society and on the labour market.

This report provides insight into the labour market integration across the Nordic countries of adults whose problematic use of alcohol and/or other substances is a barrier to employment. Most of all, we share knowledge and Nordic experiences of successful methods and interventions among this particular target group.

The report contributes to the Nordic Council of Ministers' Vision 2030 for a socially sustainable Nordic Region and can be linked to the goal of contributing to good, equal, and safe health and welfare for all. Good health and welfare are fundamental prerequisites for people's ability to fulfil their potential and contribute to the development of society. This is especially true for vulnerable groups.

The work on the report is a close collaboration between Nadja Frederiksen, project manager at the Nordic Welfare Centre, and researchers Talieh Sadeghi and Øyunn Syrstad Høydal from Oslo Metropolitan University (OsloMet), Norway, who authored the Norwegian section of the report and are also the main authors of the overall report.

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Executive summary

Background, aims, and methods

This report explores the labour market integration in the Nordic countries of individuals with substance use problems (including alcohol, illicit drugs, and prescription medications). The remit covers Denmark, Finland, Greenland, Iceland, Norway, and Sweden. While labour market integration of vulnerable groups has received significant attention in the Nordic region, there is a dearth of research focusing exclusively on individuals with alcohol and substance use problems. The primary aim of this report is to share Nordic experiences and foster a deeper understanding of the integration of these individuals. Specifically, the report seeks to identify successful methods and interventions for labour market integration and to single out lessons for organising and delivering these services. The report addresses several key research questions, including labour market intervention regulations, service organisation, and specific integration interventions in each jurisdiction. These dimensions guide the country profiles.

Individuals with substance use problems are defined as struggling to be included in the labour market due to their substance use, whether or not they have a formal diagnosis and whether or not they are currently in treatment. While not traditionally classified as a disability, substance use problems can significantly impact daily life and working capacity.

Methodologically, the report employs a mix of approaches, including literature reviews, legal statute analysis, expert knowledge, practitioner insights, and interviews with key informants. We acknowledge in the absence of a systematic literature search that the interventions discussed are not exhaustive. To facilitate the analysis, we have used a case-oriented comparative approach, delving deeply into select cases to uncover commonalities and distinctions among the Nordic countries. The objective is to unveil core themes, mechanisms, and factors influencing the labour market integration of individuals with alcohol and substance use problems, and to identify successful interventions and organisational settings for service delivery in this context.

Results regarding policy and organisational frameworks

The analysis showed that while statutory rights to employment services are indeed extended to individuals with substance use problems in all Nordic countries, specific rights tailored to their unique needs are lacking. Despite the aim of providing comprehensive and personalised services, fragmentation issues persist in most Nordic countries, hindering effective assistance to this vulnerable group's labour market integration. Reforms in Nordic countries have aimed to address fragmentation,

enhance service comprehensiveness, and personalise services. A primary consequence of these reforms has been an increased emphasis on welfare conditionality: for individuals to receive benefits or services, they need to fulfil certain behavioural or activity requirements. The effectiveness of welfare conditionality measures remains debated, particularly concerning individuals with substance use problems. Thus, the authors recommend cautious implementation of such measures when applied to individuals with problems of substance use.

Despite the reforms' intended goal of enabling a more comprehensive service approach, there are persistent challenges related to fragmentation among service providers. Effective coordination is crucial for the labour market integration of individuals with substance use problems. While evaluations of Norway's NAV reform (integration of several service institutions) have yielded mixed results, they indicate that one-stop shops can be a step in the right direction. Nonetheless, comprehensive services vary, and further research is needed to determine effective approaches for their implementation.

Privatisation of employment services has emerged as a significant trend in the Nordic countries, contesting the traditional welfare model. Some Nordic countries, such as Sweden and Denmark, have embraced privatisation, but others, such as Norway, Finland, Iceland, and Greenland have maintained a stronger focus on public control. The involvement of private providers has sparked debates regarding innovation and efficiency versus further service fragmentation and inequity. Balancing the roles of private and public providers in employment services poses a challenge and requires careful consideration of potential benefits and drawbacks. Robust regulatory frameworks are essential to protect the interests of individuals with substance use problems and uphold the principles of the Nordic welfare model in this evolving landscape.

Results regarding interventions

The results reveal a myriad of interventions currently applied to individuals with substance use problems. However, the results also highlight significant overlap of interventions, many of which are implemented locally and lack nationwide coverage. They could and should also be evaluated more rigorously. There is a notable shift from train-then-place to place-then-train interventions, with a focus on swift integration into mainstream workplaces. Knowledge regarding their implementation and effectiveness in the Nordic countries is limited. The report thus underscores the need for further research and evaluation to enhance the comprehensiveness and efficacy of interventions in this field. There is also a need for a greater emphasis on service innovation, with new projects and services specifically tailored to individuals with substance use problems. In turn, such projects can be evaluated to form a more robust knowledge foundation for service design.

The Nordic interventions for individuals with substance use problems have been

divided into five main categories: train-then-place, individual placement and support (IPS), low-threshold jobs/activities, peer support/activities, and coordinative/organisational interventions. For example, Iceland's Grettistak train-then-place programme aims to restore participants' full work capacity through an 18-month process of increasing their recovery capital index. Similarly, Sweden's Employment Service is increasingly pairing unemployed individuals with education opportunities leading to employment.

Place-then-train programmes such as individual placement and support (IPS) are currently employed in several Nordic countries. While evaluations outside the Nordic region have shown promising results, Nordic evaluations are limited. However, the few Nordic evaluations do point to positive outcomes of IPS, which appears to be one of the most effective measures. Other interventions with promising results are pay subsidy, applied in most Nordic countries; the Danish interventions JobFirst and social free pass; work capacity coordinators in Finland; and Atvinnu- og virknimiðlun (AVM) in Iceland.

The observed scarcity of evaluations of the various interventions is particularly problematic given that much of the innovation of interventions occurs locally in Nordic countries. Thus, the capacity for knowledge acquisition and sharing is hampered. In this regard, the Finnish Centre of Expertise for Social Enterprises (established in 2021), which collects, evaluates, and disseminates good practices for promoting employment, is a venture to follow. It is still too early to assess its impact, but such expertise centres might indeed serve as a model for other Nordic countries, too.

Introduction

This report deals with the labour market integration of people with alcohol and substance use problems in the Nordic countries of Denmark, Finland, Greenland, Iceland, Norway, and Sweden. Labour market integration of vulnerable groups has been a prominent focus within the Nordic countries throughout the recent decades (Bratsberg et al., 2017). Consequently, this emphasis has engendered substantial scholarly inquiry, but relatively scant attention has been directed exclusively to the labour market integration of individuals with alcohol and substance use problems, a distinctive vulnerable cohort in the Nordic context.

It is commonly acknowledged that labour market participation has benefits for health and wellbeing (Rosner et al., 2020). Work plays a significant role in providing a sense of meaning (Reinertsen, 2015), and favourable mental states such as coping, self-esteem, and self-realisation are intricately linked with employment. Moreover, work shapes daily routines and plays an important role in establishing social networks, fostering friendships, and encouraging active involvement (Gruber et al., 2014). Additionally, it contributes to both financial and social advantages, which in turn enhance the capacities associated with social participation and active citizenship (Berkman, 2014). These benefits arguably apply to individuals struggling with alcohol and substance use, too, but they are often excluded from working life (Rognli et al., 2023). Furthermore, unemployment poses a significant challenge to the financial sustainability of modern welfare states. Integrating individuals with substance use problems could thus be seen as a means to alleviate these challenges and enhance the longevity of the welfare state (Ko, 2020).

Aim and research questions

The overarching aim of this report is to share Nordic experiences and enhance understanding about the integration of individuals with alcohol and substance use problems across the Nordic region. More specifically, to identify any particularly successful methods and interventions for labour market integration of this particular target group. The report also aims to shed light on lessons that can be drawn from organising and delivering these services.

The country profiles are based on overarching research questions and associated dimensions and have been authored by researchers and experts from Denmark, Finland, Greenland, Iceland, Norway, and Sweden. These profiles contribute individual knowledge about each Nordic country, which is also used in the case-oriented comparative analysis and to illuminate the overall purpose of the report.

The overarching research questions are:

- What are the specific objectives of alcohol and substance use treatments in the Nordic countries?
- What are the key laws regulating labour market interventions for the target group in the Nordic countries?
- How are the services that target labour market inclusion for individuals with substance use problems organised in the Nordic countries?
- What kinds of specific interventions do the Nordic countries use to improve the labour market integration of the target group? What is known about the effects of these interventions?

The overarching research questions have led us to distinguish three dimensions as the basis of the country profiles. See [table 1](#) for a detailed description and operationalisations of the dimensions. While all authors have employed these dimensions to guide their country profiles, there are variations in which components they have emphasised in their work.

Table 1. Dimensions and specifications of the country profiles

Type of dimension	Specifications/operationalisation
<p>1. Policy directions, laws, and regulations</p> <p>Aim: To provide a description of the goal of substance use treatment in the country and the ambitions regarding integration into the labour market. Also, to provide a description of the relevant laws regulating labour market interventions for people with substance use problems in the country.</p>	<ul style="list-style-type: none"> • Does the country have a vision zero or harm reduction policy? <ul style="list-style-type: none"> – How are these two approaches weighted in the national policies? • To what extent is it an ambition to (re)integrate people with substance use problems into the labour market? • Which laws regulate the work targeted at labour market inclusion of clients? • What are the contents of these specific regulations? • To what degree are the regulations implemented in practices?

2. Organisation of services

Aim: to provide information about how labour market services for people with substance use problems are organised in the country.

- What is the relationship between the public, private, and ideal sectors?
- Which organisations/agencies have responsibilities for treating and integrating clients/patients (on which levels: state, region, municipality, etc.)
- How is the division of labour among involved agencies?
- How is the collaboration between involved agencies organised?
 - Integrated services, i.e., health and employment support
- Knowledge about experiences with various forms of organisation?

3. Interventions

Aim: provide information about the general principles and the types of interventions offered to people with substance use problems in the country. If possible, also which of these interventions are deemed to be the most effective? Could there be something for other countries to learn?

- Overarching interventional approaches regarding employment support
 - For instance: Train-place vs place-train
- Specific employment support interventions
- Specific methodological approaches to support employment
- Best practice
- Knowledge regarding effects/evaluations of interventions
 - Effects
 - Clients' experiences

Target group: Individuals with substance use problems

Historically, what are now known as substance use disorders (SUDs) in the Diagnostic and Statistical Manual of Mental Disorders (DSM) have appeared under a myriad of labels. Several of these terms are nowadays considered stigmatising (Spiehs & Conner, 2018). For example, it is widely acknowledged that the terms alcoholic, abuser, addict, and junkie are stigmatising and are not recommended in professional and scholarly contexts. It is assumed that stigmatising terms can negatively impact the quality of care and contributes to a negative bias among the general public (Ashford et al., 2019).

While the term SUDs is established in professional and scholarly contexts, the term have slightly been adjusted for its use in this report. The term 'substance use problems' is used, because the target group includes those who have a problematic use of alcohol and/or other substances (such as illicit drugs or prescription medications) but who do not necessarily qualify for a diagnostic disorder. Indeed, several of these individuals do have a SUDs diagnosis, but not all. While some of these are currently in treatment or have had experience with treatment, others do not. The term substance use problems is conceptualised in relation to labour market exclusion and is defined as 'individuals who have been excluded from, or struggle to be included into the labour market partly or completely due to alcohol and or substance use'. These individuals can have varying degrees of alcohol and substance use and hence different struggles regarding labour market integration. Some of these individuals have been or are currently in medical or other kinds of treatment for their use, while others do not have such a treatment track.

Furthermore, as indicated above, some individuals face challenges associated with alcohol, which is a legal substance, whereas others struggle with illicit drugs such as cannabis and heroin. Additionally, there are those who exhibit problematic usage patterns concerning prescription medications, such as opioids and benzodiazepines. Although the consumption of all psychoactive substances has the potential to generate significant challenges for the individual, additional burdens are imposed upon them when they engage in the consumption of illicit substances. These include legal consequences, social stigma, and unintended consequences of drug policies (Moskalewicz et al., 2021).

Substance use problems are not typically classified as a traditional disability in the same way as physical, sensory, cognitive, or developmental disabilities (United Nations Enable, 2006). However, because substance use can significantly impact a person's functioning in relation to daily life and working life, it could in some cases be viewed as a chronic condition comparable to other types of disabilities (Goodwin & Sias, 2014).

In summary, individuals with substance use problems comprise a highly diverse and heterogeneous group, encompassing a wide range of backgrounds, experiences, and

underlying factors contributing to their struggles. Nevertheless, they share a commonality in having a problematic connection with various substances, which, to varying extents and through diverse mechanisms, creates obstacles to their active engagement in the workforce.

Throughout this report, the term substance use problems will be used as consistently as possible in relation to the target group as depicted above. However, where a different term is used by the source being referenced, the terminology utilised in that source will be adhered to.

Nordic context

In general, the Nordic labour market is characterised by high employment rates, relatively low wage differences, a high education level, and high adaptability. People who have difficulties getting into work often have a combination of health challenges and a lack of formal skills. Currently, low-skilled jobs are decreasing, making matters even harder for those without necessary education or other qualifications. Greenland stands out in this regard. Though increasing, the education level in Greenland remains the lowest in the Nordic region. About half of the population aged 25–64 have education above the lower-secondary level. Although there is a tendency towards more jobs requiring higher skills, there are still many unskilled jobs as well as part-time jobs without fixed hours. In 2021, 21% of the adult population were outside the labour market (Høgedahl & Ravn, 2021). In Sweden there has been a rise in long-term unemployment (Mångs & Edholm, 2022). The country is currently experiencing a recession, with an increase in the number of redundancies and bankruptcies, and unemployment is believed to go on rising in 2023 and 2024 (Regeringskansliet, 2023a).

Despite an overall well-functioning labour market, the Nordic countries face challenges regarding the number of people excluded from the labour market. Norway has, for instance, the highest proportion of people on permanent and temporary health-related benefits and the highest sickness absence in the OECD (Hemmings & Prinz, 2020). All countries face substance use issues, with both alcohol and illicit drugs being a problem. The prevalence of risky alcohol consumption and illicit drug use varies, but it's a concern in all these nations. People with substance use problems are mainly excluded from working life, and unemployment rates for individuals in treatment for a substance use disorder (SUD) are high, with estimates in the range of 81–89% in Norway (Rognli et al., 2023).

The registration of inhabitants with substance use problems varies across the Nordic region. Despite registration differences, the data still provides an overview of the current situation. In Denmark the health authorities estimate that 585,000 Danes have a risky level of alcohol consumption, 140,000 Danes are addicted to alcohol, and 52,000 Danes have highly problematic use of drugs (Indenrigs- og Sundhedsministeriet, n.d.). In Finland, alcohol consumption has decreased over the past ten years, whereas the use of drugs has increased. However, according to the

2016 Drinking Habits Survey, the risk threshold of the AUDIT test score screening for alcohol use disorders was exceeded by 21% of women and 31% of men (Warpenius, 2021). Use of alcohol and cannabis are considered the most important public health problem in Greenland, even if alcohol consumption has decreased and is on a par today with the other Nordic countries (Statistics Greenland, 2021). According to the Icelandic Directorate of Health, 24% of the adult population had a risky alcohol consumption in 2022 (Embætti landlæknis, n.d.). In Norway, at least 200,000 Norwegians have a risky alcohol consumption, 20,000 have illicit drug issues, and 30,000 have problematic use of prescription drugs (Folkehelseinstituttet, 2022). According to the Public Health Agency, approximately 1.3 million Swedes, out of a total population of about 10.5 million, have a risky alcohol consumption level, and 310,500 are dependent (Folkhälsomyndigheten, 2022). A study from 2017 estimated that 680,000 individuals used drugs, whereof 415,000 had used drugs that were not prescribed by a doctor (Sundin et al., 2018).

Methods

A variety of methodological approaches has been employed in crafting the country profiles. Each of the countries has carried out varying degrees of systematic literature searches, covering both domestic and global databases such as PubMed. In fact, this report does not represent any systematic review of the field. Hence, the descriptions of the interventions are not an exhaustive list of interventions currently employed for individuals with substance use problems. Furthermore, pertinent legal statutes and regulations have been extracted through searches of national juridical databases. The authors have also drawn upon their individual expertise, whether as researchers (as seen in the case of Denmark) within these specialised domains, or as practitioners (as observed in Iceland). Additionally, select country profiles have been partially informed by interviews conducted with key informants in relevant positions. Moreover, the Norwegian team has enlisted a reference group to provide comments and feedback on specific sections of the report.

A case-oriented comparative approach facilitates the analysis and has been employed in a select number of cases. Each country profile represents a case. This approach allows us to gain a nuanced understanding of particular phenomena, patterns, and relationships (della Porta, 2008). The objective was to discern both commonalities and distinctions among the countries, revealing the core themes, mechanisms, and factors that shape the labour market integration of individuals with substance use problems. Additionally, efforts were made to identify successful interventions and organisational settings for service delivery pertaining to the labour market integration of the target group.

Structure of the report

The remainder of the report is structured in two overall parts. Part one covers six chapters with country profiles from Denmark, Finland, Greenland, Iceland, Norway, and Sweden written by researchers and experts representing the different Nordic countries. Part two, the final chapter, presents the results of the case-orientated comparative analysis based on the country profiles. This includes a table summarising the types of interventions and their reported effects on people with substance use problems in the Nordic countries.



Denmark

Policy directions, laws, and regulations

The Danish Agency for Labour Market and Recruitment (STAR) is responsible for implementing and following up on employment policies in Denmark. The overall aim is to help as many people as possible into the labour market or education. In line with active labour market policies, Danish employment policies have since 1994 demanded that unemployed people actively qualify and apply for jobs and education in return for social benefits (Kongsgaard, 2022). As in other OECD countries, there has been a shift in how unemployment is understood: rather than being a problem related to economic trends and structures, unemployment is seen as something that the individuals need to actively address (Jørgensen, 2008). Psychological, physical, social, and other problems must not stand in the way of getting a job. Therefore, it is not enough to match vacant positions and relevant citizens, but one also has to create services that respond to the citizens' problems (Bjerge et al., 2020; Kongsgaard, 2022). All reforms of the employment system since have had as their primary aim the broadening of the scope of the workforce. As a result, the focus on activation applies to most groups of unemployed people (Andersen & Larsen, 2018; Bjerge et al., 2020; Kongsgaard, 2022).

There is little mention in the Danish employment policies of people with substance use specifically. These people are typically categorised as socially marginalised (*socialt udsatte* in Danish) and are entitled to services under the Act on Social Services. They may have an underlying mental illness and/or substance use, or they are homeless or support themselves by prostitution. Some policies define social marginalisation by the complexity, multitude, and variety of different problems (for more details, see Bjerge et al., 2020). Other policies present the problem and the response to the problem elusively as help and support to stabilise the persons' life situation to such a degree that they become able to participate in work-oriented services (Kongsgaard, 2022). Further, the marginalised persons' situations are often represented as a temporary stage in their lives, which they can change or be helped out of so that they can either work or take early retirement.

Organisation of services

In 2009, job centres were established in the 98 Danish municipalities with the core responsibility for unemployment services. Job consultants counsel and advise unemployed people in order to find their clients a job that matches their qualifications. There are no specific educational requirements to becoming a job consultant. Approximately 40% of them are social workers; the rest come from a mix of educational and training backgrounds ranging from hairdressing and carpentry to academia and accountancy (Fagbladet 3f, 2016).

Job centres are there to help the unemployed enter the labour market and to help young people in particular enter the educational system. The centres are obliged to maintain a constant focus on job opportunities and help companies and organisations recruit the kind of labour they need. The Danish job centres also focus keenly on the work-first approach, that is, on creating the most direct and fastest route to employment through education and training and with the help of increased skills. Ever since the establishment of the job centres, these centres have been subjected to more and more centralised regulations and demands. The system is extremely stringent, so much so that the employment system works as a silo in relation to, for example, social services and even internally (Caswell & Larsen, 2017; Kongsgaard, 2022).

Unemployed people are categorised as ready for work (*arbejdsmarkedsparete* in Danish), ready for education (*uddannelsesparate*), or ready for activity (*aktivitetsparate*). As summed up by Kongsgaard (2022), 'everyone is ready for something' in this line of thinking (Kongsgaard, 2022, p. 34). The last category, being ready for activity, is most interesting in relation to this report, as 'ready for activity' is most often used in relation to people with multiple problems alongside unemployment, including substance use and/or mental health problems.

Also, interventions targeting unemployed marginalised people sometimes come under the administrative realm of the Authority of Social Services and Housing. Substance use treatment services mainly operate under this agency (apart from health-related regulations regarding the distribution and handling of, for example, substitution medications) as well as other services related to social marginalisation, such as homelessness or disabilities. The municipalities are responsible for the psychosocial and medical treatment of substance use, and treatment services are frequently organised in sectors alongside psychiatry, social affairs, disabilities, and so on. Recently, though, some municipalities have developed a stronger awareness on employment in all sectors of the municipality (Aarhus Kommune, n.d.).

Interventions

JobFirst

JobFirst was tested in 2016–2017 by job centres in 15 municipalities where the members of the target group were categorised as ready for activity and regarded as marginalised citizens (Styrelsen for Arbejdsmarked og Rekruttering, 2018). The idea was that these people should enter the labour market as fast as possible in the right job match, and the motivation for working should come through the right tasks. The evaluation showed that the target group experienced better mental health, that they to a higher degree believed in their own abilities, and that 19% managed to obtain ordinary working hours (12% in the control group) with an average of 4.6 working hours a week (2.75 working hours in the control group) (Styrelsen for Arbejdsmarked og Rekruttering, 2018). JobFirst did not have a specific focus on co-operation between different sectors, yet it was centred around the hopes and wishes, and aims and resources of the people and close collaboration between the job centre and the individual.

Resource clarification process (*ressourceforløb* in Danish)

A special cross-disciplinary resource clarification process can be initiated if problems other than unemployment, such as substance use, are suspected and if it is likely that people risk being unemployed for an extended period or on early retirement if no special measures are taken. The response in such a situation is cross-disciplinary cooperation between different administrations and service sectors (Styrelsen for Arbejdsmarked og Rekruttering, 2023a, 2023b). In a process which lasts from one to three years, the focus lies on developing the working skills and competencies of the individual through concrete, active initiatives. The municipal rehabilitation team evaluates the needs of the individual, who may have a range of complex problems (Styrelsen for Arbejdsmarked og Rekruttering, 2023b). The Danish Agency for Labour Market and Recruitment (STAR) themselves point out that the registration of alcohol and drug treatment is incomplete in the resource clarification process, which implies that some individuals in these services use substances.

Social free pass (*socialt frikort* in Danish)

In 2018–2022, the municipalities had the possibility to refer socially marginalised people to work where they could earn up to DKK 20,000 (about 2,600 euros) a year without having to pay taxes or any deduction of social benefits (Socialstyrelsen, 2022). This initiative was intended to give marginalised people new opportunities and encourage workplaces to help them. The evaluation showed that 89 out of 98 municipalities used the free pass. More than one third of all visitations led to employment, and the average tax-free income was DKK 15,500 (about 2,000 euros). The free pass was increasingly used during the try-out period, leading to encouraging results among the socially vulnerable who had been assigned to the try-out in 2019 and who had used the free pass: while 75% were employed less than six months after the assignment, 35% were employed in the same workplace for more than six months (Socialstyrelsen, 2022). The visitation process for the social free pass was administered by a municipal social worker. Some municipalities assigned the try-out

to employment services, others to social services. Both options were reported as helping the socially vulnerable, who were recruited, among others, at shelters and drop-in centres. Twelve percent of the individuals in the try-out had been enrolled in drug treatment the same year that they received their social free pass. The starting point of the programme that the individuals should find a workplace on their own was perceived as problematic for some participants (Socialstyrelsen, 2022).

JobRus

Three municipalities are set to launch try-out services in 2023 to provide customised cooperation between substance treatment and job centres specifically for young people aged 15–25. This service is to enhance the participants' inclusion in the labour market and reduce problems related to substance use at the same time (Metodecentret, n.d.). The try-out is based on a pilot study in one municipality, which established genuine and successful collaboration between professionals from the treatment centre and the job centre. JobRus takes its point of departure in the participants' wishes, hopes, and resources. Their everyday lives, wellbeing, and treatment outcomes are systematically registered by tools tested in the MOVE treatment programme (short for *motiverende, opfølgende, virksom, effektiv* in Danish; motivational, active follow-up, effective, and efficient), including registration of TEM factors (*trivsels- og effektmåling* in Danish; evaluation of wellbeing and effectiveness).

Individual placement and support (IPS)

Individual placement and support (IPS, [see Fact box 1](#)) is available in several Danish municipalities. Data from the initial try-outs in four municipalities in 2012–2017 showed that in comparison to regular services, the level of entering work or education had increased by 13% in IPS programmes (Christensen & Epløv, 2018). The try-outs focus on a holistic approach and cooperation between sectors, and also rely on a manual and evidence-based procedure. In this programme administered by job centres, the IPS consultants have specific training and responsibilities. They work in close collaboration with the 15–25-year-olds and with the psychiatric system. Some individuals with substance use were included in the try-outs, while other municipalities have later customised an IPS programme specifically for substance users.

The municipality of Copenhagen is a particularly well-known example: individuals with substance use and/or mental illness can enter the IPS programme either through a drug treatment centre or a psychiatric centre (Københavns Kommune, n.d.). The programme only accepts participants on non-insurance-based social benefits. Alongside the IPS programme, the participants will also be enrolled in either drug or psychiatric treatment. According to numbers on the municipal website, up to 62% of the participants have obtained jobs. However, it is not specified which particular groups this applies to. While the evaluation suggests a positive effect, it is difficult to gauge in detail from the available numbers how strong the effect is.

Private service providers

Some private providers of employment services identify addiction as one of the possible themes included in the process of helping unemployed individuals. Municipalities can purchase private services to help individuals who not only have employment problems but also have other issues to deal with. An example is the socio-economic enterprise the Green House (*væksthuset* in Danish) (Væksthuset, n.d.), where key employment services professionals have taken courses in addiction counselling and provide feedback and coaching to their colleagues. This is to ensure that all employees have basic knowledge about substance use and treatment. In this sense, discussions of problematic substance use and ways to handle it are integrated in the individual employment service. Also, Green House staff may suggest that the participants enroll in substance use treatment as part of the process. There is no publicly available evaluation of these services yet, but the organisation itself estimates that 20–30% of all participants in their programmes have a problematic substance use. Annually, some 2,000 citizens are enrolled in these employment programmes.

Fact box 1: Individual placement and support (IPS)

What is it? Individual placement and support (IPS) is considered an evidence-based intervention to help people with mental illness find and maintain competitive employment.

Origins: The development of IPS can be traced back to the late 1970s and early 1980s in the United States and is widely attributed to Deborah R. Becker and Robert E. Drake. IPS was created as a response to the prevailing practices of sheltered workshops and day treatment programmes that provided limited opportunities for individuals with mental illness to access competitive employment.

Core principles: The core principle of individual placement and support is the approach of place-then-train, emphasising the swift placement of individuals into ordinary employment, followed by tailored on-the-job training and ongoing support. The placements are based on the individuals' goals and preferences. IPS combines mental health services with vocational support and promotes holistic care.

Source: (Drake et al., 2012)

Conclusion

As a whole, the review shows that there is a lack of employment services and policies in Denmark specifically targeting individuals with substance use problems. However, it also shows that several services and policies are aimed at marginalised individuals with complex problems, which may also include substance use. While the evidence is still limited, there are indicators that IPS and the social free pass can have a positive effect. It will also be interesting to follow JobRus in the coming years, as the project includes an accessible, externally conducted evaluation. However, it is not possible to point to any specific services that have proven particularly successful so far in helping substance users into the labour market. There are nevertheless some important findings to consider from services that target marginalised individuals more broadly. Firstly, holistic services operating across different sectors and expertise are important. Secondly, it is equally important to focus on individuals as active actors in shaping the aims and processes of the services. At the same time, it is crucial that professionals believe in the individuals. These insights echo other studies of employment and social services directed towards people who for various reasons may be excluded from the labour market and who do not profit from ordinary employment services (Bjerge et al., 2019; Danneris & Caswell, 2019; Kongsgaard, 2022; Larsen & Caswell, 2022; Væksthuset & Aarhus University, 2017).



Finland

Policy directions, laws, and regulations

The Finnish employment services were reformed in 2022 in accordance with the so-called Nordic labour market service model, where jobseekers must apply for four jobs a month to maintain their unemployment benefits. Jobseekers should also receive individual support at an earlier stage and more intensively (Laki julkisesta työvoima- ja yrityspalvelusta annetun lain muuttamisesta, 2021). The model is still in its start-up phase, so results on its effectiveness are not yet available. However, there have been challenges in its implementation and the unemployed have not yet received the support promised by law (Londén et al., 2023). The second reform will come into force in 2025, when employment services will be transferred from the state to the municipalities.

A typical labour market service path for people with partial work ability starts with rehabilitative work activities and proceeds through a work try-out to wage-subsidised work. Sometimes these measures also include elements of competence development. The Act on Rehabilitative Work Activities (Laki kuntouttavasta työtoiminnasta, 2001) lays down measures to improve the chances of individuals receiving labour market support or social assistance based on long-term unemployment to find employment in the open labour market. The service package for rehabilitative work activities must include services that promote the person's life management, working ability, and functional capacity. Services may include individual and group activities that can be carried out in different contexts and set-ups. The service must always include the support and guidance needed by the unemployed person, and is provided as a personal or group service.

The so-called wellbeing services counties must organise substance use and addiction treatment for the residents of their area. This entails: 1) guidance and counselling within healthcare services on substance use and 2) prevention, research, treatment, and rehabilitation of substance use and other addiction disorders as diverse services. Substance use and addiction treatment must be planned and implemented in such a

way that it forms a functional entity with other social and healthcare services. Substance use and addiction work in social welfare reduces and eliminates factors related to substance use and addictive behaviour that endanger wellbeing and safety and support detachment from addictive behaviour (Terveydenhuoltolaki, 2010; Sosiaalihuoltolaki, 2014).

Organisation of services

Instead of specific employment services targeted at people with substance use problems, the Finnish labour market model provides measures for people with partial work ability. This broad concept of partial work ability refers to people who have a temporarily or permanently reduced working capacity. Individuals with substance use problems are thought to fall at least partly into this category. In addition, there are more negative attitudes and prejudices associated with employing people with substance use problems than with people with partial work ability for other reasons (H. Raivio, personal communication, April 27, 2023).

A person with substance use problems often needs both employment and social services as well as education and training to find a job. However, current service structures in Finland are fragmented and multi-level. The Employment and Economic Development Offices (TE Offices) are the central government agency responsible for organising labour market services, which will be transferred to municipalities in 2023. In addition, municipal employment services provide guidance, counselling, and training services for the unemployed. A range of services are also available in educational institutions and in the private and third sectors. Responsibility for organising social welfare and healthcare was transferred from municipalities to wellbeing counties from the beginning of 2023. The 21 wellbeing counties are also responsible for mental health and substance use services.

In practice, this means that those with a substance use problem would need to have a good handle on organising services from the different sectors for themselves. This poses quite a challenge. The current structures do not support intersectoral cooperation even at municipal or national levels, which stands in the way of integrating services in the public sector. People with substance use problems, like many other people in difficult labour market situations, would need individualised and tailored services (Salmi, 2021).

It emerged in an interview with a hands-on expert working with people with a criminal and substance use background that the current services are designed for people who are doing well in the service system. The TE Offices' framework focuses solely on employment and job placement, making it impossible to meet the client holistically. Social and communication skills are essential to ensuring that people with substance use problems are listened to and receive adequate support. The employee interviewed was particularly concerned about the sanctions in the system:

The system is also very punitive. For example if a person cannot engage with the service because of their life circumstances, they are sanctioned, and the

sanctions further reduce the motivation to comply with the service rules. [Information about the] sanctions and the person's history also remain in the system, so that even a rehabilitated person's services are affected by old sanctions (R. Kypärä, personal communication, May 4, 2023).

However, the Finnish service system is undergoing change. The social and health services reform came into effect at the beginning of 2023, transferring responsibility from municipalities to regional authorities known as wellbeing counties. The experts interviewed for this report had mixed views of the impact of the reform: while they believe that multidisciplinary cooperation will improve and many problems will be solved, they doubt that any change will take place:

In the field of mental disorders, for example, there is a danger that the treatment providers treat patients in a very supportive manner and that they do not see employment possibilities. They are afraid, for example, that their clients will meet with a new or new kind of disappointment again. Still, a reform is quite possible. There must be something to maintain functional capacity or work ability. It would be essential to find employment in the right kind of job in terms of normal paid work (J. Karjalainen, personal communication, April 28, 2023; M. Kesänen, personal communication, April 27, 2023; H. Raivio, personal communication, April 27, 2023).

Interventions

Working Capacity Programme

The need for service integration and cross-sectoral cooperation is well recognised in Finland. To address this challenge, and to promote the employment of people with disabilities in general, the Finnish Ministry of Economic Affairs and Employment, and the Ministry of Social Affairs and Health worked together to implement the Work Capacity Programme in 2019–2023 (T. Oivo, personal communication, May 11, 2023). The aim of this ambitious programme was:

- to integrate support for work ability into the services of future health and social services centres,
- to increase the use of supported employment methods for those struggling the most with finding employment,
- to strengthen the work ability competence of professionals and experts (work ability coordinators), and
- to launch an evaluation study on the impact of project interventions and on the coordination of services and benefits (Oosi et al., 2023).

The programme included several measures in the sectors of both the Ministry of Economic Affairs and Employment, and the Ministry of Social Affairs and Health. Given that the programme has just ended, it is difficult to assess the uptake of the measures. Below are two examples of measures in the Working Capacity Programme

that, once in place, will have an impact on services for people with substance use problems (Oosi et al., 2023).

Work capacity coordinator

The remit of the work capacity coordinators was set and their training began before the launch of the Working Capacity Programme. These were expanded during the programme. The number of working ability coordinators was increased so that each TE Office has at least one such coordinator. There are also coordinators in, for example, educational institutions and organisations.

A coordinator's job description responds to many needs identified in practice, such as the ability to support and assist jobseekers in a broad and multidisciplinary way. The coordinator's role is to ensure that jobseekers with impaired capacity to work can access all the services needed to help them find a job. An important part of the coordinators' role is to support the employers in employing people with partial work ability. The key here is to identify the jobseekers' remaining work capacity. As an essential part of this, the work capacity coordinators have created effective cooperation networks in their own region and intensified cooperation with local businesses (Oosi et al., 2023)

An evaluation of the Working Capacity Programme found that the work capacity coordinators have themselves faced challenges such as partial lack of clarity of priorities and inadequate resources. For example, the objective of creating jobs and cooperation with employers was not met as hoped. Among the positives is that they can now better identify people with disabilities and assess their needs. The work of the work capacity coordinators is seen as making a crucial contribution to the development of professional skills in the field throughout Finland (Oosi et al., 2023).

Centre of Expertise for Social Enterprises

The Centre of Expertise for Social Enterprises was established in 2021 to improve the operating environment for social enterprises in Finland. A key objective is to promote the employment of people with partial work ability. This includes collecting, evaluating, and disseminating good practices for promoting employment. The centre takes a broad view of partial work ability. The promotion of employment for people with substance use problems is a part of the objective, which means supporting social enterprises whose social mission is to improve employment possibilities (Yhteiskunnallisten yritysten osaamiskeskus, 2023; K. Kumlander, personal communication, May 11, 2023). It is still too early to assess the impact of the centre's work. There is also the fact to be considered that its impact on employment is intrinsically indirect because of its role (Oosi et al., 2023).

The Working Capacity Programme was designed to cover the activities of two administrative sectors. In practice, however, interviews suggest that cooperation between ministries and regions is still largely limited. The design of the programme, starting with the interventions of the different departments, did not consider the development of local cooperation. At the regional level, cooperation has been sporadic but successful in places (Oosi et al., 2023).

Individual placement and support (IPS)

The IPS model (see [Fact box 1](#)) is also used in Finland. As of 2020, IPS has been tested in five regions and will be extended to six new regions in the coming years. The programme is aimed at people with mental health challenges, but as these are relatively common among substance users, the programme is bound to include people with substance use problems, too. To date, the programme has engaged 739 clients, 42% of whom have found employment. The results of the trials do not specify the situation for individuals with substance use problems (Finnish Institute for Health and Welfare, 2023).

Work try-out

The Employment and Economic Development Office (TE Office) may refer clients to a workplace try-out to clarify their career choice and career options. The maximum duration of the work try-out is 12 months, of which a maximum of six months can be offered by the same employer. At the end of the try-out, the organiser of the work trial must provide the TE Office with an assessment of the individual clients' suitability for work, profession, or field, as well as their working life skills and competencies that need improving (Laki julkisesta työvoima- ja yrityspalvelusta, 2012).

Pay subsidy

The employment of unemployed jobseekers can also be promoted by a pay subsidy granted to the employer by the TE Office as a contribution to the hiring costs. Pay-subsidised work is to improve the professional skills of unemployed jobseekers and to promote employment in the open labour market. Before a grant is awarded, the TE office needs to establish that the productivity of the person hired with the subsidy is reduced in the available job function due to shortcomings in professional skills (Laki julkisesta työvoima- ja yrityspalvelusta annetun lain muuttamisesta ja väliaikaisesta muuttamisesta, 2014).

Third sector (NGOs and social enterprises)

In dealing with the employment challenges of those with substance use problems, a key role is played by third-sector actors who provide bespoke services and activities for the target group. In Finland the biggest third-sector actors in this area are the A-Clinic Foundation, the Blue Ribbon Foundation, and MIELI Mental Health Finland. Two non-profit employment coaching associations, Silta-Valmennusyhdistys and Valo-Valmennusyhdistys, are jointly building up their nationwide services, which include practical work training and support for life without alcohol and drugs. However, as both are relatively young organisations, it will take some time to do this nationally. The largest actors have the capacity to project-specific services and their development, while some also provide services organised by public actors through tenders. Organisations and social enterprises also operate in the so-called intermediate labour market, which is situated between unemployment and the open labour market. The aim is to create low-threshold jobs and to strengthen the resources, skills, and qualifications of the unemployed. Many of the employment-promoting services provided by organisations are located between social and employment services (Londén et al., 2023; Oivo & Kerätär, 2018).

An example of an NGO-driven venture is the so-called Keijo model, which created a new kind of expert by experience training for people with a criminal and substance use background. The model emerged from cooperation between Silta-Valmennusyhdistys, Valo-Valmennusyhdistys, and the Laurea University of Applied Sciences. Compared to similar training models previously, the new training was longer, and the result was based on experiential expertise and its extensive professional utilisation. The overall aim was to promote the employment of the participants in as many ways as possible. A key objective of the development work was for the model to be positioned as a part of the formal education system. The central idea is that people with a criminal background can act as peers to each other and, as experts by experience, be involved in developing the services further. The model also calls for close cooperation with intermediate labour market operators (Salmi et al., 2020).

Conclusion

The current policies seek to level the polarisation of Finnish society in that all programmes strive to integrate as many people with partial work ability into the labour market as possible. There is a lot of good will in these programmes and policies, but the different administrative sectors still seem preoccupied with silos of their own, which appears to drive the actual outcomes. People who have problems with employment due to substance use tend to fall between social and employment services. The problem has been recognised over the years but many good models are largely based on the work of the third sector which can operate outside and between the silos. The drawback in the NGOs' work is that it is usually based on project funding. The health and social services reform and the new wellbeing counties are expected to give a boost to cooperation between different administrative sectors.



Greenland

Policy directions, laws, and regulations

The act on treatment of addiction (Inatsisartutlov om behandling af afhængighed, 2019) regulates the service for citizens with substance use problems. The law lays out a free-of-charge national treatment offer within an organisational frame of a one-stop shop. It also points to cross-sector cooperation to ensure that the citizen remain free of addiction after treatment, and that the wellbeing of children in families affected by addiction is paid special attention both on the strategic and the practical levels. Before the treatment or as soon as possible after it has begun, the home municipality must start to prepare an after-care plan for interventions needed on work, housing, job training, and general follow-up after treatment. The local treatment centre (Allorfik), the municipality, and the local health service are required to agree on the objectives of cross-sector and multidisciplinary cooperation and the distribution of responsibilities. The cooperation may also involve the correctional services, the police, and other authorities or private actors relevant for the individual citizen with addiction (Inatsisartutlov om behandling af afhængighed, 2019). The treatment centres map the users' overall situation with the help of a slightly modified version of the Addiction Severity Index (McLellan et al., 1980).

Greenland has three main types of transfer income: job-search benefit, early retirement pension, and public benefits. As of 1 July, 2023, the labour market benefit was replaced by the job-search benefit (*jobsøgningsydelse* in Danish). The new law and the revised law on public benefits are important to the Government's aim to enhance self-support and enable jobseekers to take responsibility for their own situation. The new elements in job-search benefit legislation make this benefit conditional. A job offer cannot be turned down, jobseekers have to apply actively for work, and they cannot refuse to move for a job after being unemployed for 12 or 24 months. The job-search benefit can be granted permanently and corresponds to 90% of the minimum salary for workers who are members of SIK (Sulinermik Inuussutissarsiuqartut Kattuffiat), the largest labour union in Greenland. The rate goes down to 80% after 26 weeks, and to 65% after 1–2 years. It is not yet specified if

the job-search grant is available during substance use treatment (Inatsisartutlov om jobsøgningsydelse, 2022).

Public benefits are provided in acute situations, or they can be permanent if all other options have been exhausted. Permanent benefits are meant to correspond to 65% of the minimum salary for uneducated workers on a SIK agreement. This should cover reasonable expenses (*rimelige udgifter*) for housing and other necessities, and includes a small amount for daily living expenses (*rådighedsbeløb*). It is tax free and measured out with some discretion, which means that similar families might receive significantly different public benefits, and in some families the perceived economic incentives for obtaining employment are low (Pedersen, 2022b). These potential negative incentives are addressed in the revised law, which will become effective in 2024 (Inatsisartutlov om offentlig hjælp, 2022).

Residents under the age of 66 and with reduced work ability can apply for early retirement pension (Inatsisartutlov om førtidspension, 2015; Inatsisartutlov om ændring af Inatsisartutlov om førtidspension, 2020). The law aims to bring more citizens on early retirement pension back into the labour market on the basis of an evaluation of their work ability. In a three-tier system, being able to work 51–75% qualifies for the lowest pension, having 26–50% of the work capacity left qualifies for a middling pension, while being able to work only 25% or less qualifies for the maximum pension. The work ability of those under 60 is re-evaluated every five years.

The Finance Bill for 2021 identified explicitly the reasoning behind the legal reforms on job-search benefit and public benefits as higher employment, improved incentives for employment, clear rights and obligations, and less discretion in measuring out public assistance. This would also release administrative resources (Government of Greenland, 2020). The policy direction in the plan behind Allorfik is in line with this. In the foreword, the Minister of Health stated that the plan should be seen in the light of the Government's work with an early retirement pension reform, an employment reform, and especially the efforts to get the unemployed included in the labour market. The plan had a major role in ensuring that families who need help also get it. It also has a function in reducing unemployment and enabling Greenland to become self-sufficient with a well-educated labour force (Naalakkersuisut, 2015).

Organisation of services

The rules and regulations lay out the ways in which all citizens can be a part of the labour market (given that they are able enough or can gain the ability to participate), but apart from the general employment service in Majoriaq centres, no services are provided nationally which would include individuals with present and former problems with substance use. The Majoriaq centres have three principal tasks: job placement, education and employment guidance, and enhancement of qualifications for employment and education. Small local projects may exist, but were not located.

The employment system aims to facilitate good matches between jobseekers and employers on a labour market that has challenging structures in terms of geography,

available job types, and skills distribution. The overarching interventional approach regarding help to access the labour market is up-qualification or education first, and the Majoriaq centres are seen as a key to this. The Ministry of Social Affairs and Labour has the overall responsibility for both social services (including public benefits) and the labour market.

The national treatment system in Greenland is free of charge. Treatment is primarily available for alcohol, cannabis, and gambling dependence in the same treatment institutions for all three addictions. This has proved relevant given the size of the population. Alcohol use is the most common reason behind treatment, but 30% of those with a problem of alcohol use also have a problem with cannabis use, and 80% of those with cannabis use and 60% of those with gambling addiction also have a problem with alcohol (Andersen et al., 2022).

Allorfik, a unit under the Ministry of Health, has since 2016 managed the treatment nationally (Niclasen et al., 2020). The general Allorfik unit serves as a knowledge centre on addiction, with treatment centres for persons aged 15 and above in the five largest towns, which is where 62% of the population live. For the 24% of the population living in other towns, a private provider offers treatment locally twice a year, and once a year in the two smallest towns (Qaanaaq and Ittoqqortoormiit). The 14% of the population living in villages are either offered in-patient treatment in Nuuk or internet-based treatment (Andersen et al., 2022). All treatments for substance use problems and gambling are registered in the National Database on Substance Treatment. In 2021, 741 treatment cycles were registered among 696 individuals. In other words, 1.55% of the population aged above 15 years were in substance use problems treatment at least once (Andersen et al., 2022). This is 4–5 times more than in Alcohol Use Treatment (AUD) in Denmark (Sundhedsdatastyrelsen, 2020).

Many individuals treated for substance use live outside the cities, where there is economic growth and a lack of employees. In the Majoriaq centres, the participants are divided into three match groups according to the level of effort that their cases need. Those in Match group 1 are ready for a job. Match group 2 includes individuals with limited education and some labour market experience, but no health issues. Those in Match group 3 have health or other challenges. For example, children in this group may be without care, which can prevent a connection to the labour market. The needs of those in Match group 3 are covered by the municipal social services system (Danmarks Evalueringsinstitut, 2019; Holt & Thuesen, 2022). The evaluation of the Majoriaq centres found that it was hard to help even those participants to employment in the smaller towns (Danmarks Evalueringsinstitut, 2019; Holt & Thuesen, 2022). In general, it was hard to find employment incentives for citizens in Match group 2, because other support such as housing support and lower daycare charges end as soon as the citizen enters full-time employment. Holt and colleagues (Danmarks Evalueringsinstitut, 2019) interviewed only a few jobseekers, but they found that almost all interviewees in Match group 2 had trauma and personal issues that stood in the way of employment. Among citizens in up-qualification, too, a majority was similarly described to have experiences and personal issues with a possible negative impact on their performance and outcomes. At the same time both

the employees and the employers in the Majoriaq centres agreed that the employees lacked professional skills to help citizens with psychological and social problems, as most of them were educated as office assistants (Danmarks Evalueringsinstitut, 2019).

There were also cooperation difficulties between Majoriaq and the local social services (Danmarks Evalueringsinstitut, 2019; Holt & Thuesen, 2022) and not least between the substance use treatment and the local social services (Dyrberg et al., 2023). Decentralised cooperation is clearly difficult. To help the local social services, the Allorfik centres agreed in 2019 to draw up mandatory aftercare plans for citizens that do not have children, who have a job, a home, and a stable economy. In 2022, Allorfik and the municipalities made 35% and 29% (varying from 22% to 48% between the municipalities) of the aftercare plans respectively. In 36% of the cases, aftercare plans were not made (Dyrberg et al., 2023).

Interventions

The most important regulation of labour market interventions in Greenland is the legislation on the one-shop-stop approach to job provision, job training, and education in the Majoriaq centres (Inatsisartutlov om job-, vejlednings- og opkvalificeringscentre, 2015). The municipalities run a Majoriaq centre in each of the 17 towns in Greenland. These centres are also responsible for the service to the nearby villages. Each Majoriaq has three sections: a labour market section, an education counselling section, and a skills upgrading section (Danmarks Evalueringsinstitut, 2019; Holt & Thuesen, 2022).

Majoriaq centres are tasked with drawing up an action plan for their clients to bring them into employment or education. The up-qualification and the labour market sections are still divided in many Majoriaq centres (Danmarks Evalueringsinstitut, 2019). Educational upskilling courses help the clients to take a school-leaving exam, while practical upskilling is provided to the young or younger citizens who need to strengthen their personal and social skills before they are ready to start work or an educational upskilling course (Danmarks Evalueringsinstitut, 2019; Holt & Thuesen, 2022; Departementet for Uddannelse, Kultur, Idræt og Kirke, n.d.). Practical upskilling is either a practical course (*værkstedskursus*) for 10 month or involves other measures, which may also include job training. Most up-qualification courses, 54%, were offered to citizens in Match groups 1, and 13% of the participants in up-qualification were aged 30 and above. Most participants, 61%, were engaged in educational upskilling, 13% had their practical skills upgraded, and 15% were involved in other types of non-educational up-qualification (Danmarks Evalueringsinstitut, 2019).

Practical up-qualification may differ between the Majoriaqs (and is not available in all of them), but most centres have courses where the participants prepare goods for the centre or the local community, prepare meals or cook for the centre, make outdoor clothing, or produce wooden objects (without competing with the private sector). One centre grows vegetables for the local community (Danmarks

Evalueringinstitut, 2019). While the Majoriaq employees and participants have rated the courses positively, only 54% of the participants completed their practical up-qualification course (Danmarks Evalueringinstitut, 2019).

When a person is ready to go into the educational system, he/she can in Majoriaq apply to any education offered to Greenlandic citizens. All education in Greenland is free of charge, and a salary or student allowance will be available.

Individuals with a former substance use problem can – as the population as a whole – contact the local Majoriaq centre themselves or they might be referred to the centre by their social worker. Clients with substance use or in treatment are not provided special service.

Job training (*revalidering*) comes with a regular salary or financial support corresponding to 70% of the minimum salary for an uneducated worker under agreement with the workers' union SIK.

Conclusions

Interventions for labour market integration are governed by legislation and emphasise a unified approach in all 17 Majoriaq centres, which play a pivotal role in the provision of employment services, including employment guidance, skills enhancement, and education. Crucially, up-qualification and practical upskilling courses prepare citizens for employment or further education. Based on their employment needs, the citizens are categorised into Match groups, with services tailored accordingly. However, challenges arise in helping citizens with psychological and social issues, as there is a lack of professional expertise among Majoriaq employees. Furthermore, there are cooperation difficulties between the Majoriaq centres, local social services, and substance use treatment services, hindering effective service delivery. Lack of collaboration is still a major problem.



Iceland

Policy directions, laws, and regulations

Icelandic legislation has certain laws pertaining to labour market services for individuals with substance use problems. The Labour Market Measures Act No. 55/2006 aims to provide individuals with appropriate assistance to enable them to become active participants in the labour market. When jobseekers apply to participate in labour market measures, their capacity to work shall be assessed by an advisor at the Directorate of Labour. The jobseekers shall submit all information available regarding their work capacity to make it possible for the labour market services to help them obtain suitable employment and enable them to avail themselves of individual labour market remedies (Lög um vinnumarkaðsaðgerðir, 2006).

Participation in labour market measures may require that the jobseekers seek the assistance of other services, either first or at the same time. The Minister may entrust the Directorate of Labour to make agreements with companies or institutions by which they employ persons in receipt of an invalidity pension, invalidity allowance, rehabilitation pension, or occupational injury benefit of under 50%, whose working capacity has not been utilised on the labour market, and who have no substantial income for their sustenance other than social security benefits (Lög um vinnumarkaðsaðgerðir, 2006).

Section XIII in the Municipalities' Social Services Act No. 40/1991 includes articles on assistance for substance use problems. The law stipulates that social services committees shall support preventive measures in alcohol and drug use matters in cooperation with the relevant parties, such as the police, health services, and schools. The social services committees shall also provide appropriate treatment of and assistance to individuals with substance use problems. Furthermore, counselling and assistance shall be made available, as applicable to the relatives and families of individuals with alcohol use problems. It also states that after receipt of treatment for substance use problems, social services committees shall provide for the

necessary support and assistance so that a person with substance use problems can live a normal life (Lög um félagsþjónustu sveitarfélaga, 1991).

Many individuals who have suffered from substance use problems have retained rehabilitation pensions. A rehabilitation pension may be paid for up to 36 months when it is not yet possible to ascertain the permanent working capacity after an accident or illness of a person aged 18–67. Payments shall be made on the basis of the rehabilitation schedule. The applicants are required to undergo rehabilitation which strives to recover working capacity (Lög um félagslega aðstoð, 2007).

The Act on Vocational Rehabilitation and Activities of Rehabilitation Funds No 60/2012 is intended to secure individuals with partial working capacity, following an accident or illness, job-related employment rehabilitation in a rehabilitative system offered jointly by job rehabilitation funds and the institutions of the government and municipalities. This vocational rehabilitation is based on an individual counselling and resources programme that aims to increase the working capacity of the individuals and enable them to return to the labour market, either partly or full time. All employees and those who work independently and are between 16–70 years old are secured the right to job-related employment rehabilitation with a payment of a fee to the job rehabilitation fund every month. A fee is also paid every month by the employer to the employees' pension fund (Lög um atvinnutengda starfsendurhæfingu og starfsemi starfsendurhæfingarsjóða, 2012).

Organisation of services

The Directorate of Labour, under the Ministry of Social Affairs and Labour, oversees the employment service in Iceland and the day-to-day administration of the Unemployment Insurance Fund. The Directorate of Labour operates according to Act no.55/2006 on labour market measures and Act no.54/2006 on unemployment insurance. The law on labour market measures provides individuals with appropriate assistance to become active participants in the labour market and to promote a balance between supply and demand of labour in Iceland (Vinnumálastofnun,2023). According to Act no. 54/2006 on unemployment insurance, the Directorate of Labour has the authority to reduce unemployment benefit payments if, for example, a person refuses to participate in labour market measures, does not provide correct information, refuses a job offer or a job interview, does not disclose being employed, deliberately provides false information, and so on (Lög um atvinnuleysistryggingar, 2006). The Directorate of Labour, has eight service offices around the country and provides job-seeking services, registration, advice, assessment of skills and resources, and job placements (Vinnumálastofnun, 2023).

Municipal social services are responsible for assistance and providing services in accordance with the Act on Municipal Social Service. According to article 1 of the law, municipal social service is to ensure the financial and social security of individuals and to promote welfare. Municipal social service is overseen by the Welfare Quality and Inspection Authority (GEV) (Lög um félagsþjónustu sveitarfélaga, 1991). There were 64 local authority areas in Iceland in June 2022, and the individuals who need social

service and support seek assistance at their official domicile (Samband íslenskra sveitarfélaga, 2023).

Iceland has two institutions that offer a detox process from alcohol or drug use under supervision. Most people turn to SÁÁ (National Centre of Addiction Medicine), which operates a detox clinic (Vogur) and is the leading substance use treatment institution in Iceland. SÁÁ runs inpatient clinics and outpatient rehabs for individuals and families. According to the SÁÁ annual report in 2018, the detox clinic registered 1,624 people. As some people came more than once, the total number of registrations was 2,275 (Tyrfingsson, 2019). The numbers from Vogur show that 10.4% of men aged 15–64 and 4.6% of women of the same age in Iceland have sought treatment for alcohol and drug addiction at SÁÁ (Tyrfingsson, 2019).

SÁÁ is an NGO with a service agreement under the Icelandic state health authorities. The SÁÁ annual report from 2019 notes that official information is not available on the supply and sale of illegal drugs. It would be possible to keep track of the numbers by making a precise diagnosis and counting the number of treatment centres in Iceland that deal with substance use problems. The numbers of those seeking assistance at emergency departments and being admitted to different hospital units due to legal and illegal drug use could tell us something, but such numbers have not been regularly recorded in Iceland (Tyrfingsson, 2019).

Vogur, a detox clinic and hospital, has a register of those diagnosed with substance use disorders (alcohol and drugs) in Iceland and who have sought specialised treatment over the past three decades. What makes the numbers even more valuable is that Vogur has been the most comprehensive treatment facility in Iceland for a long time. Almost everyone with serious substance use problems seeks help at SÁÁ sooner or later (Tyrfingsson, 2019).

People seeking treatment for the first time have always had a certain priority, and they have never had to wait for entry for longer than a few days. Others may wait for a few weeks (Tyrfingsson, 2019). People under 25 years of age are prioritised in treatment.

Interventions

Research has shown that having a job during and after treatment is indicative of an effective outcome from substance use treatment. Other social factors such as housing, education, and relationships/marriage also have an impact on long-term recovery. Studies also show a positive relationship between assistance in getting employment and success in abstaining from drug use. This suggests that employment participation can prevent relapse. Job-focused training for individuals who are not employed or in education during and after treatment, along with housing assistance, increases the likelihood of sustained, long-term recovery (NIDA, 2020; Sigurðardóttir & Þorvaldsdóttir, 2014).

Virknihús

Activity-based rehabilitation (*virknihús* in Icelandic) started in 2021 and is intended for individuals 18 years and older who live in the Reykjavík municipality and receive financial assistance. Individuals who are admitted must have an interest in becoming more active and taking control of their own lives. Virknihús is intended for individuals who have impaired working capacity but are motivated to change. The aim of Virknihús is to increase their quality of life, empower them, and make them stronger individuals as a whole. Virknihús runs the Grettistak, IPS, and AVM rehabilitation programmes.

Grettistak

There is one rehabilitation programme in Iceland designed for people who are unfit for work due to problems with substance use. The main goal is to help them regain full work capacity through an 18-month long rehabilitation programme called Grettistak, one of the four work modes in Virknihús and organised and run by the municipality of Reykjavík. This work/education-related rehabilitation centre seeks to increase each participant's recovery capital index, which involves sobriety, health, social support, social skills, quality of life, financial factors, meaningful activity, housing, and housing security (Þorleifsdóttir, 2021). The participants, 18 years or older, are expected to be able to work/study part time to promote full work capacity after the rehabilitation. They must have finished at least one full rehab, and before they start rehabilitation, it is made certain that they have some security in housing. Many of them live in halfway houses (housing with support). The Grettistak programme requires daily attendance during the first 3–4 months, followed by attendance once a week, along with school, work, or other activity. During the first 3–4 months, the programme provides lectures, work in groups, and physical activity. The lectures deal with a range of topics, including nutrition, self-esteem, social skills, financial guidance, empowerment, communication, and so on. In group work, the participants are supported by their peers and the social worker in charge of the group work.

Assistance and Support at (Re-)Entering the Labour Market

Atvinnu- og virknimiðlun (AVM) assists and supports individuals as they attempt to enter or re-enter the labour market. This assistance is available to individuals who receive financial aid from the Reykjavík municipality and are fit to work.

The team consists of job counsellors with a wide range of experience. The first step is to get to know the individual's strengths and the challenges they face as they attempt to find work. This is done by screening their work experience and finding out what their interests are, what fields they would like to work in, and what types of work they are unwilling or unable to do. Some individuals have been away from the labour market for a long time; in these cases, the possibility of a slow re-entry to the labour market is discussed. However, this can be difficult for those who need a full salary to live on. The team utilises its connections to employers in both the private and the public sectors, assisting individuals with applications to advertised positions and reaching out to potential employers on their behalf.

The team oversees courses which include topics such as mental wellbeing, how to write a CV and a cover letter, and the benefits of participating in the labour market. The course reviews circumstances that can prove challenging in the labour market, such as not having a clean criminal record a common circumstance for people who have a history of substance use problems. This can limit their job prospects, as some sectors, including childcare or assisting the elderly and the disabled, require a clean criminal record. It is the team's job to assist the participants to find a field where they can work despite their criminal record so that they can participate more fully in society (Bjarnadóttir,2023).

For her study, Bjarnadóttir (2023) interviewed eight participants receiving assistance and support through AVM. Her conclusions indicate that the participants had a positive impression of the service and found it helpful. After six months' participation, most participants were doing well and felt that the programme had provided them with experience and increased social capital, had empowered them, and improved their wellbeing. The principal function of the programme was in helping participants enter the labour market, which they had been absent from for varying amounts of time.

Individual placement and support (IPS)

The IPS model (see [Fact box 1](#)) of employment support has been utilised in Iceland since 2013, when it was first introduced in Laugarás, a hospital treatment centre for young people with a mental illness. In 2019, the municipality of Reykjavík adopted the model for people receiving financial aid and for individuals from various intervention programmes, including single parents and people recovering from substance use problems. A recent assessment of the IPS work done by a team (consisting of two IPS full-time employment specialists and one part-time IPS project manager) in Reykjavík showed that 63% of people who gained competitive employment through the programme in 2022 were still employed at the end of the year (internal review).

Conclusions

While Icelandic legislation includes articles on assistance for individuals with substance use problems, it does not contain many provisions regarding labour market services for this target group. The main assistance programme for people with a history of substance use is Grettistak, an 18-month rehabilitation programme, which mainly operates in the municipality of Reykjavík and is intended to increase the participants' recovery capital index. The end goal is to enhance each person's quality of life and assist them in either starting to work job or pursue education.

The municipality of Reykjavík has two teams to assist individuals who receive financial aid in finding work. One uses the IPS model and the other provides courses and individual assistance. During autumn 2023, participants in the rehabilitation programmes are asked to respond to a survey, which will be sent annually. These surveys will provide information about how these programmes help the participants, how satisfied they are with programmes, and how they could be improved.



Norway

Policy directions, laws, and regulations

The Norwegian policy pertaining to substance use problems rests on two pillars – health policy and crime policy – which often approach the issue from opposite directions (Skretting, 2014). Among the Nordic countries, Norway is seen as having one of the most restrictive control policies on substance use (Hakkarainen et al., 1996; Pedersen, 2022a). Accordingly, the primary aim of substance use treatment has historically been total abstinence. However, there has recently been a slight shift towards a policy approach of harm reduction, at least in the health domain (Olsen, 2019; Pedersen, 2022a; Skretting, 2014).

User involvement has meant that the Norwegian government has not explicitly defined a single specific goal of substance use treatment. However, common denominators may be aims such as a worthy life and better quality of life as specified by the individuals themselves. According to the government, the overarching goal of treatment is to reduce the negative impacts of drug use for the individual, third parties, and the society (Meld. St. 23, 2022-2023). Thus, the Norwegian substance use treatment system aims to help individuals with substance use problems to improve their quality of life, which may include helping them to live fulfilling and meaningful lives without the harms associated with substance use. This can involve helping individuals to overcome substance use problems, addressing co-occurring mental health issues, providing support for employment and education, and promoting social inclusion and community engagement.

Activation policies in Norway

In Norwegian public discourse, there is a consensus that the workplace is a useful arena for preventing the negative consequences of alcohol and substance use, both because the workplace socialises and influences employees and because employers have a responsibility for the health, environment, and safety of their employees. Furthermore, work is considered the key to active citizenship in society (Juberg & Skjefstad, 2019).

Over the past decades, Norway, in line with most other European welfare states have strengthened their efforts at moving the unemployed into work. A key element of these efforts are activation policies defined as '...those programmes and services that are aimed at strengthening the employability, labour-market, or social participation of unemployed benefit recipients of working age, usually by combining enforcing/obligatory/disciplining and enabling/supportive measures in varying extents.' (Caswell et al., 2017, p. 3). Currently, activation policies are directed at ever wider target groups, such as persons with poor mental health and substance use problems.

One of the hallmarks of the Norwegian activation policies is the reform of the national labour and welfare administration NAV. Bridging several policy domains, the NAV reform constitutes one of the greatest revisions in the history of the Norwegian welfare state and was a response to service fragmentation. By merging the municipal social assistance services and national social security and employment services into one organisation, NAV was envisioned to represent an integrated service model. The aims of the reform were, among others, to offer a more unified frontline and more labour market-oriented services (St.prp. nr. 46., 2004–2005).

Currently, NAV is in charge of a significant portion of the state budget. It is responsible for a wide range of welfare services, including unemployment benefits, disability benefits, child and family benefits, and services related to employment and job training.

Evaluations of the reform have yielded mixed results. Some researchers argue that the reform has brought about stricter work conditionality for vulnerable groups without fulfilling the promise of holistic service provision (Minas, 2014). Other researchers have shown that transition to work for vulnerable groups of people has become more time consuming (Fevang et al., 2014). However, these negative effects were only visible in the early years of the reform, suggesting that the unfavourable development was related to the adjustment process during the first phases of the reform, and was not necessarily the result of the new model itself (Fevang et al., 2014). Still others maintain that the reform has delivered desired impacts, in particular for recipients of social assistance. The reform has enabled these beneficiaries to receive individualised support aimed at activating them and getting them into work (Erlie, 2017).

Overall, evaluations of the NAV reform suggest that while progress has been made, there is still room for improvement. Ongoing monitoring and evaluation of the reform are important to ensure that it continues to meet the needs of citizens and remains an effective and efficient system of welfare delivery.

Benefit schemes

The Norwegian welfare state is regarded as one of the most generous globally, given its liberal welfare benefits, particularly those related to health (Greve et al., 2021; Kuitto, 2016). Persons with substance use problems often receive monetary benefits due to insufficient financial self-reliance. These benefits are regulated by the National

Insurance Act and the Social Services Act. One of the most frequently offered benefit schemes granted to the target group is work assessment allowance (WAA), which is a national insurance-based temporary disability benefit applying to the long-term sick. Eligibility for WAA requires documentation of a medical diagnosis. In line with the country's overarching activation policies, the ongoing receipt of the WAA is conditioned upon participation in active measures, such as medical treatment and/or various work training schemes. The aim of the scheme (benefit and participation in measures) is to increase the (re)integration of people with long-term health issues into the labour market and avoid permanent disability.

Persons with substance use problems who do not qualify for the medical criteria of WAA usually receive social assistance. This is meant to be the final safety net for those who cannot provide for themselves through paid work, social security benefits, or otherwise. Although the social assistance scheme does not specify a maximum period of receipt, it is meant to be a temporary solution (Meld. St. 06., 2002-2003). The Social Services Act also specifies regulations requiring active participation in labour market activities in order for a person to receive social assistance. This mostly applies to those under the age of 30 (Sadeghi & Terum, 2020).

Active labour market services

In addition to income maintenance during unemployment, individuals with substance use problems, like other unemployed individuals, have the right to receive labour market services, that is, activity measures aimed at strengthening their employability. These measures are regulated by the Act on Labour Market Services (Lov om arbeidsmarkedstjenester, 2004) and typically include work assessment (an assessment of the individual's work capacity, usually by observation of task performance), work training (placement in a company without wage), formal mentoring programme (NAV funds a mentor at the workplace), follow-up, training (such as courses), wage subsidies (partial funding by NAV of ordinary employment in a company), and permanent customised work (usually applied to those on permanent disability benefits).

Organisation of services

The Norwegian Labour and Welfare Administration (NAV) is responsible for implementing the Norwegian activation policy, aiming to move people from passive income support to active integration of unemployed citizens (Sadeghi & Terum, 2022). NAV is a unified service that contributes to social and economic security and promotes the transition to work and activity. In line with the country's activation policy, the ultimate goal is to increase self-sufficiency and employment (Lødemel & Moreira, 2014). This specific activation policy also applies to people with substance use problems (Meld. St. 30., 2011-2012). In the Norwegian public opinion, there is a strong consensus that participation in working life creates integrity and meaning for the individual, but also acceptance as a full member of society (Fugletveit, 2018).

NAV is the main public provider of employment services. It is a one-stop shop and a

partnership between local (municipality) and national governments (Sadeghi & Fekjær, 2019). Each municipality has a designated NAV office which the inhabitants of the municipality belong to. In addition to employment services, NAV is responsible for provision of income maintenance for people not able to provide for themselves, and social services such as housing and financial advice.

In addition to NAV, non-profit voluntary organisations play an active role in the provision of employment services to individuals with substance use problems. These service providers are highly dependent of public funds and are claimed to represent a central supplement to public services (Hansen et al., 2019; Hyldmo & Marken, 2015). The Salvation Army, The Church City Mission (Kirkens Bymisjon), and Erlik Oslo are a few examples of such private service providers. Typically, a purchaser-provider split model is followed, in which NAV procures employment services from these organisations.

According to the Act on Labour and Welfare Administration (Lov om arbeids- og velferdsforvaltningen, 2006), anyone who wishes or needs assistance to get into work has the right to receive an assessment of their need for assistance. This assessment results in a decision with one of four possible outcomes, and as such it constitutes NAV's categorisation of clients into groups of standard effort, situationally contingent effort, specially customised effort, and permanent customised effort. Those who are placed in the standard effort group are expected to be integrated into the labour market within a short time and primarily by their own efforts. Clients who are offered situationally contingent effort can presumably reach their occupational goals through a combination of own efforts and NAV services. Clients placed within the specially customised effort group are considered to have reduced work capacity and are at the same time expected to be able to access the labour market by their own efforts or services from NAV or other agencies. Those placed within the permanent customised effort are similarly considered to have reduced work capacity, but without the expectation of work inclusion. Individuals in this latter group are usually granted permanent disability benefit and receive few or no labour market services. Clients with substance use problems are most frequently categorised within the two latter effort groups.

The Norwegian Directorate of Health has published a national guideline for examination, treatment, and follow-up of people with concurrent substance use problems and mental problems. The guideline stresses the importance of integration of employment and social services from NAV with mental health services in order to succeed with the task of integrating people with substance use problems into the labour market. However, research has demonstrated that collaboration between health and employment services is challenging due to professional contradictions: there are differential professional understandings and objectives (Fyhn et al., 2021) and lack of knowledge about each other's services, practices, and competencies (Håvold et al., 2018; Pedersen, 2022a).

Interventions

The NAV offices offer several services to include people with substance use problems in the work force. Facilitation guarantee is a scheme that ensures employee and employer security that people with reduced functional capacity receive the necessary facilitation and follow-up. Other services are facilitation allowance (*tilretteleggings-tilskudd* in Norwegian), support and follow-up measures (*oppfølgingstiltak*), and wage subsidies (*lønnstilskudd*). The qualification programme (QP) (*Kvalifiseringsprogrammet*) is available to people with, for instance, substance use problems who want to get into work or activity, who have received social assistance for a long time, or are at risk of getting into such a situation. The programme must be individually adapted and contain work-oriented measures and other activities that improve the participant's chances of getting a job (Helsedirektoratet, 2014). Previous evaluations of the programme indicate limited effects in terms of facilitating individuals' entry into employment (Lima & Furuberg, 2018; Schafft & Spjelkavik, 2011).

From train-then-place paradigm to place-then-train

Labour market measures used to be organised as sheltered work and training, before the participants applied for regular work. However, this train-then-place paradigm has been replaced with the idea of place-then-train, which is central in supported employment (SE) and the SE variant of individual placement and support (IPS) (see [Fact box 1](#)). This implies that the participants will be supported to enter paid work at an ordinary workplace full- or part-time with close follow-up as quickly as possible (Nøkleby et al., 2017). At present, IPS is also regarded as a promising method to improve vocational outcomes for people with substance use problems. NAV offers IPS to this group in cooperation with specialist health services. In 2021, 38% of the Norwegian municipalities were offering SE or IPS to people with substance use problems, which is double the rate in 2017 (Osborg & Kaspersen, 2021).

Even though IPS is believed to be a promising method for helping people with mental illness into the labour market, there are currently few international or national studies measuring its effects for people with substance use problems. Several Norwegian projects following the IPS logic are small and not sufficiently evaluated. However, in an American pilot study of 45 patients in methadone treatment, 50% of those in the IPS group were in employment after six months, compared to 5% in a waiting list control group (Lones et al., 2017).

In the ongoing research project 'Hooked on work' (Hekta på jobb), led by Oslo University Hospital, patients with substance use problems are offered IPS in addition to ordinary treatment. The aim of the project is to investigate how effective individual placement and support is in helping patients in substance use treatment to get into work, as well as how applicable the method is for this patient group (Rognli et al., 2023).

Interventions by NGOs

While IPS is a follow-up model where people are integrated in ordinary working life, organisations such as the Salvation Army, the Church City Mission, and Blue Cross

Norway all offer low-threshold work or work training as well as a community for people with substance use problems. While the activities in general provide a better quality of life, they could also be a means to a new beginning without drugs or alcohol in an ordinary job situation.

'The work' (Jobben), organised by the Salvation Army, offers different kinds of work as well as a meal and a community. In 2022 this low-threshold work was offered in six different cities/places in Norway with a total of 282 unique participants. The Church City Mission's equivalent scheme 'In work' (I jobb) had 133 participants, 40% of whom were working at least one day a week. During an ordinary week, 40 workers would be active every day. 'Step by step' (Steg for steg/SFS), organised by Blue Cross Norway, is a support programme for people with former or ongoing substance use problems who want to start a new life. The aim is to contribute to meaningful activity, strengthening of social networking, work, and social inclusion. SFS is one of the few interventions evaluated by an external research institute. Their report notes that the programme has so far focused on social inclusion rather than work (Bråthen & Brunovskis, 2021).

Substance users as agents for change

In addition to interventions offered by established organisations, people with substance use problems are also themselves engaged in social and professional inclusion. In 2005, the magazine =Oslo was launched as a Norwegian alternative to an international phenomenon including *The Big Issue* in the UK. People living rough or with substance use problems are offered to make a way of living by selling the magazine. Currently =Oslo has 1,200 registered salespersons. The magazine also functions as a voice for marginalised groups. The model has spread to other parts of the country, and eight other magazines have been established (Wikipedia, 2023).

Some people with a history of substance use problems find that their experiences become an asset in a new career in peer support (Høiseth et al., 2016). As experts by experience (*erfaringskonsulenter*), they support and guide others with substance use problems to start a new life. In 2018, a seven-month training course was established in Oslo to provide education and training in a so-called experience school (*Erfaringsskolen*). Approximately 75% of their former participants, some 15 participants annually, are currently working in local municipalities or voluntary organisations (Fonneland, 2022). However, according to Recke (2021), there is a scarcity of relevant research supporting the current use of peer support in Norway and internationally. The use of peer support is also believed to be problematic from a professional aspect. While trained social workers and other professional groups must work according to set standards, peer supporters are in a much freer position, which can have negative outcomes.

Conclusion

Taken together, there has been a shift in Norway in the direction of place-then-train measures such as IPS to include people with substance use problems into the labour market. There are interventions, but not enough research on the impact of these activities. Many people with substance use problems still experience inactivity and exclusion.



Sweden

Policy directions, laws, and regulations

Sweden has robust policies to address alcohol and drug use and reduce their negative impact on individuals and society (Regeringen, 2022). Even though the two policy fields share common ground, they have taken different approaches to achieve this overarching goal: alcohol policies emphasise prevention and treatment of alcohol-related problems in a harm-reduction framework, while drug policies seek to achieve a drug-free society, a vision zero so to say. Harm reduction measures are in place to limit the negative consequences associated with drug use, such as social exclusion. Opiate maintenance treatment (OMT) is an example of these measures aimed at helping individuals achieve employment, self-sufficiency, and economic stability (Socialstyrelsen, 2020).

It is worth noting that not all individuals who have substance use problems are automatically excluded from the workforce. Alcohol and drug dependence are classified as medical conditions, which means that individuals with these conditions are entitled to enhanced employment protection and rehabilitation support. According to 7§ in the Employment Protection Act (Lag om anställningsskydd, 1982), there must be valid reasons for terminating an employee's contract, and substance use problems are not sufficient grounds alone. Employers are required to offer assistance to employees struggling with substance use problems, and only if the employee refuses help or if the employer's efforts fail despite reasonable attempts, can dismissal be considered.

Some individuals who struggle with substance use problems have not been a part of the labour force for a long time or have never been employed due to their problems. These individuals may or may not have undergone substance use treatment. The main objective of these treatment programmes is to help individuals overcome their dependence and achieve a healthy and stable life. Employment and other meaningful activities are recognised as crucial components of the recovery (Walton & Hall, 2016). Therefore, the system aims to support individuals in finding and maintaining

employment as part of their overall treatment plan. The national guidelines for care and support for substance use and dependence include various interventions that can promote employment, such as innovative training models and individually tailored support for work (Socialstyrelsen, 2019).

Also, the Social Services Act (Socialtjänstlagen [SoL], 2001) stipulates that dependent individuals receive the care and help needed to recover (SoL ch. 5 §9, 2001). The Social Welfare Board shall promote the individuals' right to work (SoL ch. 3 §2, 2001) and support them in getting a meaningful employment setting (SoL ch. 5 §7, 2001).

The Ministry of Labour is responsible for matters relating to the labour market, labour law, and the work environment at a national level. The overarching labour market policy aims to ensure that all people who can have the opportunity to participate in working life, with a commitment to full employment. If individuals are not fully employed, a number of measures can be taken, including economic support from the Social Insurance Agency. Social insurance benefits cover a broad spectrum and are regulated in the Social Insurance Code (Socialförsäkringsbalk, 2010). However, the compensation for active job seekers or those participating in an activity at the Employment Service is quite low and does not make up for a usual salary.

Disability pension is a compensation of a set duration specifically targeted at young individuals aged 19–30. Its primary objective is to offer activities that can enhance functional abilities and improve work capacity while offering financial security. However, evidence suggests that these activities do not adequately facilitate young adults' integration into the labour market. Instead, a majority of recipients end up transitioning to permanent sickness compensation (Olsson et al., 2017).

The national strategy for addressing alcohol, drug, doping, and tobacco (ANDT) use aims to reduce the harm caused by substance use. Substance use treatment encompasses a wide range of measures to meet the diverse needs of individuals, including different types of treatment and social support initiatives such as housing and employment support. Collaboration between different organisations, such as social services, the Social Insurance Agency, and the Employment Agency is crucial for effective support. However, the government has recognised the need for further clarification on which efforts need to be developed and implemented, and who is responsible for them (Socialutskottet, 2021).

In a recent review of the ANDT strategy, the National Board of Health and Welfare (Socialstyrelsen, 2023) highlighted the lack of data on the specific needs and types of care and support provided to individuals with substance use problems, making evaluation difficult.

Organisation of services

The Swedish Public Employment Service has a long history and was originally established as a state authority. In 2019, a reform of the Employment Service began, and at the end of 2022, it was completed with privatising the job centres. The Employment Service still performs some services under own authority but primarily collaborates with independent suppliers who manage the matching between individuals and the labour market or relevant education on behalf of the Employment Service. Previous studies have investigated if the unemployed person's chances of finding a job are affected by whether the provider is a public or private employment agency. Results show no evidence that private contractors are better, and they are often more expensive than public ones (Arbetsmarknadsutredningen, 2019). Ongoing development work aims to improve the authority's control and follow-up work with suppliers. The Employment Service must analyse which support is best provided in collaboration with other relevant actors, such as municipalities or idea-driven actors (Analysavdelingen, 2023).

Studies have demonstrated that assistance and support from employment agencies are crucial for individuals to find work, along with subsidised employment and training programmes. It often takes a combination of initiatives to eventually secure a job (Berg, 2022). Additionally, work-oriented rehabilitation necessitates the involvement of several actors to adhere to national guidelines. Therefore, the Employment Service collaborates closely with state authorities such as the Swedish Social Insurance Agency (Försäkringskassan, 2022). The Employment Service operates according to the same regional division used by other administrative bodies and is represented in various municipalities.

It is important to note that although employment agencies and subsidised employment can be useful in finding work, they may not be enough for individuals with substance use problems. These individuals may require more specialised support, such as counselling, substance use treatment, and vocational training that addresses the unique challenges they face in the labour market. The national ANDT strategy (Regeringen, 2022) against the use of alcohol, drugs, doping, and tobacco requires a multi-sectoral approach involving state authorities, municipalities, regions, businesses, civil society organisations, and various other actors. The Ministry of Social Affairs has a coordinating responsibility for the government's ANDT policies, while cross-sectoral coordination is the remit of the Public Health Agency. Other state authorities such as the National Board of Health and Welfare, the National Agency for Education, the Swedish Police, and the Prison and Probation Service are also involved. The County Administrative Boards are tasked with coordinating the preventive ANDT work on a regional level, while municipalities and regions play a vital role in developing and implementing policies. Civil society organisations, including children's and youth organisations, patient, user, and family organisations, also contribute to the prevention of ANDT.

Collaboration within and between local, regional, national, and international levels is considered a necessary condition for the effectiveness of ANDT strategies

(Folkhälsomyndigheten, 2020), along with substantial support and dedication from non-profit organisations (Folkhälsomyndigheten, 2023). Nevertheless, current reports primarily concentrate on the concept of collaboration itself (e.g., Folkhälsomyndigheten, 2023), rather than providing evaluations of its actual implementation and outcomes.

Substance use treatment is available within both the regional healthcare system and the social services, managed by the municipalities. Healthcare can help with medical treatment. For example, opioid maintenance treatment (OMT) is organised within the regional healthcare system (Hälso- och sjukvårdslag [HSL] ch. 8, 2017), with certain exceptions where the municipality is in charge (HSL ch. 12 §§1–2, 2017). While there are also private caregivers, the region or municipality is still responsible for the care given. Social services can help with, for example, financial and employment support. The national guidelines issued by the National Board of Health and Welfare (Socialstyrelsen, 2019) emphasise the importance of collaboration between healthcare and social services. Also, regions and municipalities have an obligation to enter into joint agreements on cooperation regarding individuals with alcohol or drug use problems (SoL ch. 5 §9, 2001; HSL ch. 16 §3, 2017).

Interventions

The overarching labour market policy aims to provide opportunities for all individuals who are able to work and participate in the labour market, while also facilitating adjustment in the labour market and promoting job security. This policy area includes initiatives to support young people in finding employment, matching job seekers with available positions, labour market programmes, unemployment insurance, and access to the European Social Fund (Regeringskansliet, 2023b). Even if many companies struggle with a shortage of labour, there are still large numbers of jobseekers in the market. To combat long-term unemployment and address the skills gaps, the Employment Service offers a variety of programmes and support arrangements.

The national guidelines for care and support in cases of substance use and dependence (Socialstyrelsen, 2019) recommend efforts to promote employment for individuals with substance use problems. However, in labour market programmes, individuals with such problems are not a separate category but are instead included under the broader category of the disabled, which encompasses individuals with reduced work capacity, illnesses, diagnoses, or other difficulties.

Train-then-place

The process of returning to work often involves a lengthy period of pre-rehabilitation, skills training, and assessment of work ability. The job search itself is often delayed until later in the process (Areberg, 2013). For example, individuals who have not completed upper secondary education have limited employability in today's labour market. Therefore, the Employment Service is increasingly matching unemployed individuals with education that leads to employment. This work rehabilitation model is known as train-then-place and is used by organisations such as the Social Insurance

Agency and the Employment Service (Areberg, 2013). As part of this model, the Employment Service provides support for primary and upper secondary level studies, as well as university studies, and sometimes offers financial assistance and introductory courses to help individuals complete their studies (Arbetsförmedlingen, 2023a).

The Community Reinforcement Approach (CRA) model combines psychosocial treatment with psychosocial support interventions, aiming to enhance employability by imparting practical skills and knowledge, and recommending a gradual introduction to the job market. The CRA model is administered by a support person with specific training in the method (work specialist or job coach), usually employed within the psychiatric sector, and it targets individuals with problematic substance use (Vård och insats, 2017). However, although recommended and in use, the method has not been systematically reviewed nor has it been investigated in any primary study (Statens beredning för medicinsk och social utvärdering, 2019).

Place-then-train

The concept is not to alter individuals through extensive job training and gradual transition, but rather to identify a job that makes the most of their motivation and interests. Work-based learning is believed to provide the participants with fundamental knowledge and understanding of the requirements of the working world in a relaxed and secure work atmosphere (Arbetsförmedlingen, 2023b). If an individual requires assistance or support in transitioning into or re-entering the workforce, there are various types of supported employment available, including new start jobs, wage subsidies, and introductory jobs. These initiatives, along with work experience placements, are believed to be beneficial for individuals with a reduced work capacity or for those who have been unemployed for an extended period (Arbetsförmedlingen, 2023c). The extensive provision of subsidies has resulted in a system that is challenging to comprehend, and the empirical knowledge regarding how the design of various subsidy systems impacts their outcomes is incomplete and fragmented (Forslund, 2018).

The place-then-train methodology is exemplified by the application of individual placement and support (IPS) (see [Fact box 1](#)). The National Board of Health and Welfare (Socialstyrelsen, 2019) concludes that it is a more effective method to get a job than is traditional work rehabilitation. However, even though IPS is recommended for individuals with substance use problems, it is not currently in use for this target group (Samordningsförbundet Stockholms stad, n.d.). Hence, the work rehabilitation model for individuals with substance use problems that increases the possibility of getting and keeping a job is not utilised (Centrum för evidensbaserade psykosociala insatser [CEPI], 2022).

Prepare and Match

Individuals seeking help are expected to choose and contact one of the private suppliers contracted by the Employment Service, and work together to determine the best way to find a job or begin an education. The prescribed period for participation is six months, after which the outcome is assessed. If necessary, this period can be prolonged for an additional six months.

A review of the media uncovered that approximately half of the participants start all over again (Frisk & Lund, 2021). Also, it has been recognised that the private suppliers prioritise resourceful jobseekers, while those requiring more assistance are left idle (Berge & Habibija, 2022).

A report published by the Institute for Evaluation of the Labour Market and Education Policy IFAU (Benmarker et al., 2021) asserts that the compensation system in Prepare and Match operates on a performance-based model: it aims to reward suppliers for promptly placing participants into jobs or training. The participants are categorised into three distinct levels based on their assessed proximity to the labour market, and the compensation provided to the suppliers varies accordingly. This implies that higher compensation is offered to job seekers who are further away from the labour market, thereby providing incentives to engage with all participants. However, the report discovered that the compensation varied more across the different levels than did the participants' employment prospects.

The Employment Service has identified a lack of educational opportunities, long-term study financing options, and low study motivation among its target group. A survey conducted by the authority indicates that many of the individuals assigned to apply for regular education do not know how to complete the application and start their studies. As a result, the Employment Service believes that its efforts to guide jobseekers on how to apply for regular education have not yielded the desired outcomes thus far (Arbetsförmedlingen, 2022).

Comorbidity

There is a strong association between the use, harmful use, and dependence on ANDT substances and other health problems, particularly mental illness (Socialutskottet, 2021). The National Board of Health and Welfare (Socialstyrelsen, 2019) recommends that healthcare and social services provide integrated treatment to individuals with alcohol and drug problems and severe mental illness. This treatment should include psychological and psychosocial interventions such as the Community Reinforcement Approach mentioned earlier.

It has been demonstrated that many opioid maintenance treatment (OMT) clients also experience psychiatric comorbidity (Löfvendahl & Carlsson, 2020). One of the goals of OMT is to enhance employment opportunities, self-sufficiency, and financial stability (Socialstyrelsen, 2015). However, a qualitative study of OMT participants revealed that most patients desire more assistance with employment and better collaboration with other actors (Richert & Johnson, 2020).

Ideal actors

Whilst most interventions in Sweden stem from the state or the regions, and are performed by private actors, non-profit organisations also play an important role. For example, Skyddsvärnet provides job training, as well as references and networks (Skyddsvärnet, 2021). Stadsmissionen (City Mission) offers job training within their own businesses and has recently been approved as a supplier for the Employment Service programme Prepare and Match (Stockholms Stadsmission, n.d.). The Salvation Army (Frälsningsarmén) and The way out (Vägen ut) have a pronounced Christian basis and provide job training (Frälsningsarmén, n.d.; Vägen ut., n.d.).

Conclusions

Generally, individuals with substance use problems do not receive specific attention regarding the labour market, despite the emphasis on employment in national guidelines by the National Board of Health and Welfare and the ANDT strategy. There is a clear emphasis on the need for collaboration among various parties, recognising the individuals' often complex life situations and the requirement for care, support, and treatment from multiple authorities and businesses simultaneously. While discussions on labour market programmes are common, there is a lack of evaluations of their effectiveness.

Overall, the well-intentioned approach of involving multiple actors and offering a wide range of labour market programmes tends to prioritise these aspects rather than the individuals themselves. While the individuals' perspective is considered, such as their right to choose a private supplier, they are also grouped into broad categories such as the disabled. It is not easy to navigate within this complex system, which may result in giving up. Also, we do not know whether this system is effective for individuals with substance use problems.

Discussion

As the previous chapters and the country profiles have shown, the approaches to labour market integration of individuals with substance use problems have both similarities and differences. All the Nordic nations covered in this report have high employment rates, indicating a generally robust labour market. They also share adherence to the Nordic model of labour market regulation, which includes employee and employer organisations, wage agreements, and comprehensive legislation for workers' protection. This model is characterised by cooperation between trade unions and employers' organisations. All countries face substance use issues, with both alcohol and illicit drugs being a common problem. The prevalence of risky alcohol consumption and illicit drug use varies, but is a concern in all these nations. In summary, while these Nordic countries share commonalities such as high employment rates and substance use issues, there are significant differences in educational attainment, income inequality, geographic variations in unemployment, and substance use policies. These differences highlight the unique challenges and contexts faced by each country in their labour markets and efforts to address substance use problems.

This chapter presents the results of the case-oriented comparative analysis. In particular, the focal point of the analysis is the identification of any successful intervention and organisational settings for service delivery.

Policy directions, laws, and regulations

Overall aim of services and statutory rights

The overall aim of drug and alcohol policy in the Nordic countries is typically characterised by a comprehensive and balanced approach that focuses on both reducing substance-related harm and preventing substance use. In the Nordic countries, the current prevailing approach is to regard substance use problems primarily as health and, to some extent, social issues, rather than moral failings. Consequently, comprehensive support is provided to assist individuals in rebuilding their lives, including enhancing their employment prospects. These aims reflect the comprehensive and multidimensional approach to substance use treatment in the Nordic countries, which emphasises not only the reduction of substance use but also the improvement of overall health, wellbeing, and social integration of individuals affected by substance use problems.

As the country profiles showed, individuals with substance use problems have statutory rights to employment services in all Nordic countries. However, they do not possess any distinct statutory rights and are treated like any other target groups outside the labour market. This absence of particular rights can be disadvantageous, given that individuals with substance use problems have distinct needs that differentiate them from other target populations. Nevertheless, it can be argued that

differentiating them from other groups may be highly challenging due to widespread comorbidity. In particular, it is estimated that a significant proportion of people with substance use problems also have one or more co-occurring mental health disorders (Castillo-Carniglia et al., 2019; Kingston et al., 2017).

Organisation of services

Welfare reform and conditional services/benefits

The country profiles revealed that over the past decades, a series of reforms pertaining to employment services have taken place in several Nordic countries. These reforms encompass both substantive and organisational aspects. The objectives have been to achieve more comprehensive services, to increase the effectiveness of employment services, and to personalise the services. For example, the establishment and evolution of job centres in Denmark can be attributed to a series of labour market and welfare reforms that have taken place over the years. These reforms reflect Denmark's proactive approach to addressing unemployment and labour force participation through a strong focus on active labour market policies and the work-first approach. This is closely related to conditional welfare measures, referring to a set of requirements, obligations, or conditions that individuals must meet to receive certain benefits or services related to employment and social welfare. In the utmost consequence, welfare conditionality may entail sanctions – withheld economic benefits or welfare services – in cases where the client has failed to comply with activity requirements. While Denmark is renowned for implementing one of the most stringent welfare conditionality frameworks, similar policies are also observed in other Nordic countries, such as Norway, Sweden, and Finland. For example, as seen in the Finnish case, the system can be rather punitive in the sense of harsh sanctions imposed upon those who have not met activity-related obligations. There is limited research on the effectiveness of such policies, and the existing evidence is divergent. While certain studies suggest that favourable outcomes may result from its prudent implementation (Dahl & Lima, 2016), others conclude that the policy as a whole is ineffective (Dwyer et al., 2020). Irrespective of the efficacy of welfare conditionality, numerous scholars have contended that it can have adverse impacts on the most marginalised segments of society, such as individuals grappling with substance use problems (see, for example, Fletcher & Flint, 2018; McNeill, 2020). In accordance with these alerting observations, it is recommended that the application of welfare conditionality measures targeting individuals with substance use problems be approached with caution or implemented in a restricted manner.

The importance of holistic services

As mentioned previously, one of the most pronounced objectives of the reforms in the Nordic countries has been to address the fragmentation issues among sectors and service providers, and ultimately aiming to deliver more holistic services. However, fragmentation issues still represent a major obstacle in most Nordic countries, as is clearly demonstrated in, for example, the Finnish, Swedish, Norwegian, and Danish country profiles. Individuals with substance use problems constitute a vulnerable

group requiring comprehensive services from multiple professionals, agencies, and sectors. The services must be coordinated to effectively assist these individuals' transition to the labour market. Hence, most Nordic countries have a long way to go in addressing the issues related to fragmentation of services. Assessments of the labour and welfare administration reform in Norway have yielded varied outcomes (Erlie, 2017; Minas, 2014), but there are still grounds to posit that such one-stop shops can be a step in the right direction with respect to facilitating the provision of comprehensive services. Indeed, comprehensive services are not a categorical entity, and distinctions can be made among various degrees and dimensions of comprehensiveness. As such, there may be reason to recommend that other Nordic countries imitate the Norwegian model. Despite the abundance of research emphasising the significance of comprehensive services (Andvig & Karlsson, 2021; Bergheim & Rugkåsa, 2022; Frøyland et al., 2022), scholarly knowledge regarding the practical implementation and achievement of such services remains limited. There is thus a requirement of further research to determine the most effective approaches for enhancing the comprehensiveness of services.

Privatisation

The Nordic countries have long been regarded as models of comprehensive welfare states with strong public services. In recent decades, however, there has been a notable shift towards the privatisation of various public services, including employment services (Greer et al., 2017; Jantz et al., 2018). This trend has sparked significant debate and scrutiny, as it challenges the traditional Nordic welfare model.

Although most Nordic countries engage both public and private providers in delivering employment services, there is no uniform approach among them concerning the participation of private providers in this sector. Sweden and Denmark, for instance, have adopted relatively extensive privatisation measures, with a substantial share of employment services being outsourced to private agencies (Ennerberg, 2020; Greer et al., 2017; Jantz et al., 2018) (see elaborative accounts from the Swedish case). In slight contrast, Norway, Finland, Iceland, and Greenland have been more cautious in privatising these services, with a greater emphasis on maintaining public control (Leiren et al., 2020). Also, the Nordic countries differ in terms of which types of private providers of employment services are entrusted with delivering private services. One main distinction can be made between NGOs (non-governmental organisations, often non-profit and voluntary organisations operating independently of governmental control) and for-profit organisations. For example, Iceland, Finland, and Norway lean more towards NGOs, whereas Denmark and Sweden are known for their more extensive use of for-profit organisations in the delivery of employment services.

The involvement of private organisations in delivering employment services has sparked intense debates in the realm of public policy and social welfare, including employment services themselves. Proponents argue that private organisations bring innovation and efficiency to their delivery. Driven by competition and profit motives, these entities are incentivised to adopt modern technologies, streamline processes, and respond rapidly to changing labour market demands (Hermann & Flecker, 2013).

Furthermore, the contractual framework of performance-based models, wherein providers receive compensation contingent upon their capacity to integrate unemployed individuals into the labour market, has been contended to bolster outcomes and streamline service delivery for greater efficiency (Crépon, 2018).

On the other hand, critics have raised numerous critical objections (Rehwald et al., 2017). For example, it has been maintained that the involvement of multiple private providers has the potential to exacerbate service fragmentation even further and lead to reduced coordination between stakeholders (Crépon, 2018). Individuals facing substance use problems may confront difficulties when navigating a complex network of service providers, potentially impeding their access to comprehensive support, as is evident in both the Finnish and Swedish contexts.

Another issue raised with respect to privatisation of employment services is the notion of cream-skimming and parking (Crépon, 2018). Whereas cream-skimming refers to the practice of selecting and prioritising the unemployed who are perceived as easier to place in employment, parking pertains to the passive or inadequate provision of services to the unemployed who face significant barriers to employment. Although creaming and parking can be an issue in the public sector as well, it is presumed to pose a more substantial problem when private actors are responsible for service provision (Crépon, 2018).

In light of the above discussions, what remains a challenge for the Nordic countries in their efforts to integrate individuals into the labour market is balancing the involvement of private and public providers. This challenge requires careful consideration of the potential benefits and drawbacks, coupled with robust regulatory frameworks to safeguard the interests of individuals with substance use problems and uphold the principles of the Nordic welfare model.

Interventions

General considerations regarding interventions

The primary impression derived from the analysis is that a wide variety of interventions are employed in the Nordic countries. However, as [table 2](#) demonstrates, in terms of content, there is a significant overlap between the interventions. Most of these interventions are not specifically tailored for individuals with substance use problems. Several countries employ simplistic, broad categorisations of users/clients/citizens that do not encompass the complexity of users' needs, such as those of individuals with substance use problems. For instance, in Denmark, they are often placed in the category 'ready for activity'. Similarly, in Sweden, they are categorised as disabled, in Finland as individuals with partial work ability, and in Norway they are assigned to the category of reduced work capacity. These categories are very broad and are intended to guide the selection of interventions. Consequently, interventions may not always be well-targeted within these broad categories, which consist of highly heterogeneous groups of individuals.

The analysis further demonstrates that many interventions take place at the local level, initiated by local and regional entities such as individual municipalities/regions or private organisations in certain regions. They are often not implemented nationwide. In addition, a scarcity of evaluations and research regarding the effects of the various interventions is obvious. This lack of evaluations can be particularly problematic given that much of the activity occurs at the local level. Despite considerable innovation potentially occurring at the local level, the capacity for knowledge acquisition and sharing is hampered by the limited assessment of diverse interventions. One notable exception here might be the Finnish Centre of Expertise for Social Enterprises, which aims to collect, evaluate, and disseminate good practices for promoting employment (see more detailed information in the country profile of Finland). As the centre was established as late as 2021, it is too early to assess its impact. However, such expertise centres might indeed serve as a model for other Nordic countries to follow.

Finally, another main impression derived from the analysis is the shift from train-then-place to place-then-train. Swift placement in ordinary employment constitutes the core of the IPS intervention (individual placement and support), but there are several other recent intervention initiatives that emphasise the prompt integration into ordinary workplaces. Research from both Nordic and non-Nordic regions concludes that these interventions have positive effects on the labour market integration of marginalised groups of individuals (Frederick & VanderWeele, 2019; Harrison et al., 2020; Probyn et al., 2021; Rosenheck et al., 2017).

Types of interventions and their assumed benefits and efficiency

Even though there are some universal characteristics describing people with substance use problems as a group, it is important to bear in mind the significant variations among them. Some have lived a long life with substance use problems; they never finished school or have never really been included in ordinary work life. Others are young and could still be able to follow a more standard life cycle and be a part of ordinary work life. Others have education and/or work experience. Additionally, variations arise based on the specific substances individuals use. Those who use illicit substances encounter distinct issues compared to those who use legal substances such as alcohol. Users of illicit substances may experience additional complications, such as legal consequences, social stigma, and unintended consequences of drug policies (Moskalewicz et al., 2021).

Table 2. Types of intervention and reported effects

Type of intervention	What are the main contents of the intervention?	Applied by which country/countries?	What is known about the effects?
Individual placement and support (IPS)	Collaboration between health and employment services. Fast entry into the ordinary labour market.	Denmark, Finland, Iceland, and Norway	Promising results
Working capacity programme	Service integration between employment, social, and health services. Use of supported employment (SE). Strengthening professional competency among staff.	Finland	Just ended, not yet evaluated
Work capacity coordinator	Ensures that clients have access to all the services needed. Supports employers in employing people with partial work ability.	Finland	Promising results despite challenges
Work try-out/work training	Placement into ordinary workplaces	All countries	Divergent results

Keijo model	Experience expert training.	Finland	No knowledge about the effects yet
Pay subsidy	Granting pay subsidy to employers to stimulate employment of marginalised individuals.	All countries	Promising results
Up-skilling and up-qualification	Provision of school-leaving exam or ordinary higher education	Mostly in Greenland	No knowledge about the effects yet
Practical up-skilling	Provision of personal and practical skills	Mostly in Greenland	No knowledge about the effects yet
JobFirst	Fast job placement via job match	Denmark	Promising results
Social free pass	Possibility for marginalised citizens to earn up to DKK 20,000 tax free	Denmark	Promising results
JobRus	Cooperation between health and employment services for young people aged 15–25 years.	Denmark	No knowledge about the effects yet

Peer support	Using the expertise of individuals with substance use problems in a new career as peer support. Training courses offered by experience school.	Norway	Could be a positive experience and have positive effects. No knowledge of long-term effects.
=Oslo	Individuals with substance use problems can sell the magazine =Oslo	Norway	No knowledge about the effects yet
Prepare and Match	Individuals choose and contact a private supplier and get support to find a job or start education.	Sweden	Not favourable results
Community Reinforcement Approach	Combines psychosocial treatment with psychosocial support interventions to enhance employability.	Sweden	No knowledge about the effects yet
Grettistak	Work and education-related rehabilitation centre. Daily attendance in lectures and working groups.	Iceland	No knowledge about the effects yet

Atvinnu- og virknimiðlun (AVM)	Assistance in writing CVs and job applications, preparing for job interviews. Employer outreach.	Iceland	Limited knowledge, but interview data shows positive outcomes.
Qualification programme (QP)	Employment support for long-term social assistance beneficiaries. The entire range of labour market measures can be utilised in QP, including work training, pay subsidy, up-skilling, etc.	Norway	Very limited effects
Step by step	Contributes to meaningful activity, strengthening of social networking, work, and social inclusion.	Norway	Mostly focused on social, rather than work inclusion.
'The work'	Offers low-threshold work training under the auspices of the Salvation Army.	Norway	No knowledge about the effects yet.

'In work'	Equivalent to 'The work', but under the auspices of the Church City Mission.	Norway	No knowledge about the effects yet.
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The variety among people with substance use problems is to a certain degree reflected in the existing interventions. While some interventions are ambitious on behalf of the participants and aim to be part of a change in the direction of a new and sober lifestyle, others offer occasional low-threshold work or work training as well as a community for people struggling. Broadly speaking the Nordic interventions reported could be placed in five categories: train-then-place, place-then-train, low-threshold jobs/activities, peer support/activities, and coordinative/organisational interventions.

Train-then-place

An example of a train-then-place approach is the Icelandic Grettistak programme. The main goal of the 18-month-long programme is to help participants regain full work capacity after rehabilitation. This is done through a broad process aiming at increasing the participants' recovery capital index (which includes sobriety, health, social support, social skills, quality of life, financial factors, meaningful activity, housing, and housing security) (Porleifsdóttir, 2021). In Iceland, people with substance use problems can also be offered support through Atvinnu- og virknimiðlun (AVM) when attempting to enter or re-enter the labour market. A small qualitative study indicates that participants had a positive impression of the service and found it helpful (Bjarnadóttir, 2022).

Most commonly, the train-then-place philosophy is reflected in interventions focusing on practical working skills. However, acknowledging that individuals without schooling or education have limited employability in today's labour market, the Swedish Employment Service is increasingly matching unemployed individuals with education that leads to employment. The Employment Service provides support for primary and upper secondary level studies, as well as university studies, sometimes offering financial assistance and introductory courses to help individuals complete their studies (Arbetsförmedlingen, 2023a). This focus on formal education is interesting, given the typical characteristics of the Nordic labour market.

In Greenland, the interventions are dominated by the train-then-place philosophy. In the local Majoriaq centres, citizens have an action plan made which aims to bring them into employment or education. Educational upskilling courses help the clients to take a school-leaving exam, while practical upskilling is provided to the young or younger citizens who need to strengthen personal and social skills before they are ready to start work or an educational upskilling course. In addition, the home municipality of people in treatment for substance use problems must prepare an

aftercare plan for interventions needed on work, housing, job training, and general follow-up after the treatment. The treatment centres map the users' overall situation using a slightly modified version of the Addiction Severity Index (McLellan et al., 1980).

Place-then-train

As mentioned earlier, during the last decade, there seems to have been a shift from train-then-place to place-then-train interventions, such as IPS. Various forms of individual placement and support are offered in all Nordic countries, except for Sweden and Greenland. The IPS intervention has been evaluated primarily outside the Nordic region, and shows promising results (Bond et al., 2020; Brinchmann et al., 2020; Fredrick & VanderWeele, 2019). There are also a few evaluations of the IPS intervention in the Nordic countries, demonstrating positive results (Bejerholm et al., 2015; Rotko et al., 2019; Sveinsdottir et al., 2020). However, these evaluations are small and less sufficient than those outside the Nordic countries. Further, some evaluations provide insights into the effectiveness of IPS in delivering positive outcomes for individuals grappling with substance use problems. In this respect, the ongoing 'Hekta på jobb' (Hooked on work) led by Oslo University Hospital represents an interesting case. The intervention offers people with substance use problems IPS in addition to ordinary treatment. The aim is to scientifically investigate how effectively the method helps patients in substance use treatment to get into work, as well as how applicable the method is for this patient group (Rognli et al., 2023). In Denmark, a previous try-out in four municipalities found that the participants who were offered IPS had an improved chance (by 13%) of obtaining a job compared to the control group.

In Finland, IPS interventions have been tested in five regions and will be extended to six new regions in the coming years. However, the intervention is aimed at people with mental health challenges, and even if it includes people with substance use problems, the results of the trials do not specify the situation of this group (Finnish Institute for Health and Welfare, 2023). A recent assessment of IPS work in Reykjavik showed that in 2022, 63% of people who gained competitive employment through the programme were still employed at the end of the year (internal review).

Low-threshold jobs/activities

NGOs play a role as a supplement and partner to the public sector. For instance, in Sweden, Norway, and Finland NGOs provide low-threshold jobs/activities located between social and employment services. However, they also deliver more formal job training as well as more holistic interventions. In Finland, NGOs are also central in developing new interventions for people with substance use problems. The so-called Keijo model has been developed in co-operation between two non-profit employment coaching associations (Silta-Valmennusyhdistys and Valo-Valmennusyhdistys) and the Laurea University of Applied Sciences. Compared to other interventions, the model offers a longer period of training, and a key objective for the model has been to position the programme as part of the formal education system. The central idea is that people with a criminal background can function as peers to each other and, as

experts by experience, be involved in developing services. Close cooperation with intermediate labour market operators is essential in the model (Salmi et al., 2020).

Peer support/user-driven activities

For some people with a history of substance use problems, their experiences become an asset in a new career in peer support. This is formalised, for instance, in the Norwegian Erfaringskolen, which offers training in peer support. The limited extant assessments show promising findings (Fonneland, 2022). Nevertheless, there is still a lack of thorough evaluations of the long-term effects of the arrangement (Recke, 2021). Another phenomenon are user-driven activities such as =Oslo, which represents a philosophy of socially marginalised people themselves organising interventions for change.

Coordinative/organisational interventions

The need for service integration and cross-sectoral cooperation is a central aspect if people with substance use problems are to be integrated into society and the labour market. To address these (and other) challenges, the Work Capacity Programme was established in Finland in 2019. One aim of this ambitious four-years programme was to strengthen the work ability competencies of professionals and experts through work ability coordinators. So far, the work capacity coordinators have helped develop the skills of professionals in the field (Oosi et al., 2023). JobRus cooperation in Denmark between substance treatment and job centres focuses on young people in particular. The aim is to include individuals with substance use problems in working life and reduce problems related to substance use. An ongoing try-out is based on a successful pilot.

Conclusions

So far, the various Nordic attempts to integrate people with substance use problems in the labour market provide few clear recommendations. One of the reasons might be the general lack of high-quality research evaluations focusing on this aspect, which makes it difficult to assess most of the ongoing interventions. Another challenge is the fact that people with substance use problems do not represent a category of their own in labour market statistics or in other public statistics. Instead, this group is mixed with other groups having challenges on the labour market and more generally. Even in specific interventions, people with substance use problems are often not separated as a category distinct from, for instance, people with mental disorders. Hence, when such interventions are evaluated, it can be hard to know the independent effect on the people with substance use problems.

In light of the limited number of evaluations and studies in this field, the country profiles might offer hope for potential change. For example, this can be seen in the Norwegian IPS project 'Hekta på jobb', the various evaluations of the Finnish Work Capacity Programme, and the Danish JobRus, which is based on a successful pilot. However, so far, significant public funding has been used on interventions with relatively unknown success rates. Given the general interest in evidence-based

interventions and policy in the Nordic countries, this could be seen as an expression of a field not prioritised and characterised by good intentions and symbolic actions rather than a radical will to change the situation. The current scarcity of knowledge could lead to the export of interventions that for varied reasons are hyped but do not work as well as communicated and hoped for or even worse, interventions that might have a negative influence on the lives of the people they aim to change in a positive direction.

Considering that a significant proportion of individuals dealing with substance use problems also struggle with concurrent health issues and a lack of formal qualifications, the goal of integrating a larger segment of this population into the ordinary labour market requires sustained, long-term efforts. The diverse array of challenges faced by individuals with substance use problems necessitates careful tailoring of interventions to suit each potential participant. While some clearly possess the potential to overcome their substance use problems and lead what society perceives as a conventional life with ordinary employment, others may fare better outside the typical labour market. Nevertheless, this latter group should still receive sufficient public support and access to activities aimed at stabilising their circumstances and enabling them to lead meaningful lives.

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